# FRIENDS & FAMILY

## **Rewards Program**



We value and appreciate our Members!
Thank you for telling everybody you know about us!

### A valid referral meets ALL 3 of these requirements:

- Has completed contact information including address & phone number
  - Is interested in FCSLA and is not yet a member
  - Is willing to meet with an FCSLA representative

EACH VALID REFERRAL EARNS YOU

\$25!

Submit form on reverse side by mail, fax or email



FRATERNAL LIFE INSURANCE AND ANNUITIES



#### FRIENDS AND FAMILY MEMBERSHIP REWARDS PROGRAM

#### We value and appreciate our Members! Thank you for telling everybody you know about us!

Submit this form by mail, fax or email

FCSLA Fax: 216-464-9260
24950 Chagrin Blvd. Email: heather@fcsla.com
Website: www.fcsla.org

A VALID REFERRAL MEETS ALL 3 OF THESE REQUIREMENTS. EACH VALID REFERRAL EARNS YOU 2

- Has completed contact information including address & phone number
- Is interested in FCSLA and is not yet a member
- Is willing to meet with an FCSLA representative

Your (Current Member) Information:	Please Have An FCSLA Representative Contact:
Today's Date:	Prospective Member:
Member Name:	
Street Address:	
City, State, Zip:	
Phone:	
Email:	
Branch:	Name of your ECSLA Popresentative



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A VALID REFERRAL MEETS ALL 3 OF THESE REQUIREMENTS. EACH VALID REFERRAL EARNS YOU "2)

- Has completed contact information including address & phone number
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Your (Current Member) Information:	Please Have An FCSLA Representative Contact:
Today's Date:	Prospective Member:
Member Name:	
Street Address:	
City, State, Zip:	
Phone:	
Email:	
Branch:	Name of your ECSLA Penrecentative