

Metro Credit Union Annual Meeting

Reservation Form

Yes, I want to join you for the 2012 Metro Credit Union Annual Membership Meeting on Thursday, April 19<sup>th</sup>, 2012.

Name: \_\_\_\_\_ Account # \_\_\_\_\_

Name: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please transfer \$ \_\_\_\_\_ from my \_\_\_\_\_ savings \_\_\_\_\_ checking account for \_\_\_\_\_ tickets.

I am enclosing a \$ \_\_\_\_\_ check for \_\_\_\_\_ tickets.

Please return this form to:

Metro Credit Union  
ATTN: Annual Meeting  
447 S Campbell  
Springfield MO 65808