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REFER your qualified friend,
family member, or coworker today!

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DVA FCU Referral Form

Current Member

Name _____

Phone _____

E-mail _____

New Member

Name _____

Phone _____

E-mail _____

DO NOT WRITE IN THIS AREA. FOR BRANCH PURPOSES ONLY.

Member Account # _____

New Member Account # _____

NOTE: New member's account must remain open, active and in good standing for at least 60 days. New members must present a referral form at the time of account opening. Must be at least 18 years of age to participate. DVA FCU reserves the right to end promotion at any time. This credit union is insured by the National Credit Union Association.