

# 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 Life and is not yet a member
  - Is willing to meet with an FCSLA Life representative

## Each Valid Referral Earns You \$25!

*Submit form on reverse side by mail, fax or email*





## 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 Life Fax: 216-464-9260  
24950 Chagrin Blvd. Email: [heather@fcsla.com](mailto:heather@fcsla.com)  
Beachwood, OH 44122 Website: [www.fcsla.com](http://www.fcsla.com)

**A valid referral meets all 3 of these requirements. Each valid referral earns you \$25!**

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

### Your (Current Member) Information:

Today's Date: \_\_\_\_\_  
Member Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Branch: \_\_\_\_\_

### Please Have An FCSLA Life Representative Contact:

Prospective Member: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Name of your FCSLA Life Representative

If you do not know an FCSLA Life Representative, leave blank and the Home Office will find the right Representative for you.



## 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 Life Fax: 216-464-9260  
24950 Chagrin Blvd. Email: [heather@fcsla.com](mailto:heather@fcsla.com)  
Beachwood, OH 44122 Website: [www.fcsla.com](http://www.fcsla.com)

**A valid referral meets all 3 of these requirements. Each valid referral earns you \$25!**

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

### Your (Current Member) Information:

Today's Date: \_\_\_\_\_  
Member Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Branch: \_\_\_\_\_

### Please Have An FCSLA Life Representative Contact:

Prospective Member: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Name of your FCSLA Life Representative

If you do not know an FCSLA Life Representative, leave blank and the Home Office will find the right Representative for you.