

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
Beachwood, OH 44122 Website: www.fcsla.com

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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.



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