



# Membership Application

Mail or fax to the credit union when done.

First Name	M.I.	Last Name
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Street Address
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City	State	Zip
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Home Phone (     )	Work Phone (     )
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Date of Birth	Social Security Number
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1st Joint Owner's First Name	M.I.	Last Name
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2nd Joint Owner's First Name	M.I.	Last Name
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3rd Joint Owner's First Name	M.I.	Last Name
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Mother's Maiden Name
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Qualification for Membership (Check One)
<input type="checkbox"/> Employee of a Sponsor Company: Company Name: _____ State _____
<input type="checkbox"/> Relative of a person within the field of membership

I hereby make application for membership in and agree to the Bylaws, as amended, of Community Healthcare Credit Union and subscribe for at least one share NON-TRANSFERABLE. I certify that: I am within the field of membership of this Credit Union; the information provided on this application is true and correct; and my signature on this card applies to all accounts under my name at this Credit Union. I also agree to be bound to the terms and conditions of any account I have in the Credit Union now or in the future.

"Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding."

Signature	Date
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**Mail** this application to:  
Community Healthcare Credit Union, Inc.,  
48 Haynes Street, Manchester, CT 06040  
Or **Fax** to: (860) 643-3428

# Join or Refer & Get \$10!

## IT'S CHCU'S **Buddy Program**

**To Join,** Please provide the following information, then mail or fax this form to the credit union.

Your Name

Company Name

Your Daytime Phone

A CHCU representative will call you and send your membership paperwork. \$10 will be deposited to your new account.

**To Refer** a co-worker, or anyone related to you by blood or marriage, first enter your name and account number below.

Referring Member Name

Referring Member Acct. #

Now have the person you're referring enter the rest of his or her information below before mailing or faxing it to the credit union. \$10 will be deposited in your account.

New Member Name

New Member Daytime Phone

Date

Mail this application to:  
Community Healthcare Credit Union, Inc.,  
48 Haynes Street, Manchester, CT 06040  
Or Fax to: (860) 643-3428

**C.U. USE ONLY:** Reward Issue Date: \_\_\_\_\_

## Loan Specials Hit Home!



From **March 15 to June 30, 1998**, CHCU offers you a **Home Improvement Loan Special** that can't be beat!

Borrow up to **\$10,000** for a term up to **48 months**, and pay a low **9.00%** interest rate!  
Borrow for **49-60 months** at a low **10.00%!**\*

Or, take advantage of your home's equity with a CHCU **Home Equity Loan**. Depending on your equity, you can **borrow up to \$50,000** with **NO CLOSING COSTS** and low fixed rates! Borrow for **5 years at 6.90%; 10 years at 7.50%; or 15 years at 8.50%**. You may even enjoy some **tax advantages** when you borrow against your home's equity. Check with your tax professional for more information.

Build a deck, add a garage, even finance a car purchase or education expenses--whatever you like, Community Healthcare Credit union has the home loan for you! Offers expire 6/30/98.

\*Home improvement loans require invoice or contractor quotes for the project to be financed.

## Drive Away A Bargain!

Now is the time to take advantage of great auto loan savings at CHCU!

Buy a new 1998 vehicle and get 100% financing for up to 60 months at a **LOW 6.90% annual percentage rate (A.P.R.)**.

Buy a used 1993-1997 vehicle, and get 100% financing for up to 60 months at a **LOW 7.90% annual percentage rate (A.P.R.)**.

CHCU gives you the best way to save on your next vehicle purchase! Hurry! These terrific rates expire June 30, 1998! Apply today! Call for further details.

# Join & Get \$50!

It's the  
**Buddy  
Program**  
from



*Community Healthcare  
Credit Union, Inc.*

For a limited time, now through February 15, 1998, new members get more than just the personal service and great rates associated with credit union membership. Join CHCU with the application on the reverse and receive a

**\$50 U.S. Savings Bond  
FREE!** Limit 1 bond per member.

Simply fill-out the membership application on the reverse and send it to CHCU by mail or by fax.

Once you're a member, your co-workers and your entire family are eligible to join.

Take advantage of this terrific offer. We welcome you in advance to Community Healthcare Credit Union!