



**BROOKLINE MUNICIPAL CREDIT UNION**

334 Washington Street, P.O Box 470776, Brookline, MA 02447-0776

**CHRISTMAS CLUB ENROLLMENT FORM**

Please enroll me in the club checked below.

\_\_\_ \$5.00 weekly      \_\_\_ \$10.00 weekly      \_\_\_ \$15.00 weekly  
\_\_\_ \$20.00 weekly      \_\_\_ \$25.00 weekly      \_\_\_ other \$ \_\_\_\_\_

\_\_\_\_\_ Check here if you want your Club payroll deducted.

Fifty-two week plan period of November 1, 2018 through October 31, 2019.

The balance of my Christmas Club Account will be transferred to my savings account at the end of the plan year.

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Please Print

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I hereby make application for a Christmas Club and agree to conform to the by-laws or any amendments thereof of Brookline Municipal Credit Union.

\$5.00 penalty for early withdrawal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date