

MMFCU GenerationNOW account Opt-in Form

I would like to opt-in for MMFCU GenerationNOW Account privileges.

Name: _____ Member Number: _____

Signature: _____

Date: _____

If youth is under 18 years old, parent/guardian name and signature is required below:

Parent Name: _____ Signature: _____

For MMFCU Use Only:

Date Processed _____

Processed By _____