

# ELLY Awards

2009 CALL FOR ENTRIES



## PAYMENT FORM

PLEASE SUBMIT THIS FORM WITH YOUR PAYMENT.

Name of person submitting entry: \_\_\_\_\_

Credit union name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### ENTRY FEES

CU Asset Size (in millions)	Entry Fee
Less than \$250 (SREG)	\$80
\$250 and above (REG)	\$100

#### Basic Entry Fee

Number of entries: \_\_\_\_\_ x Entry Fees (above) \$ \_\_\_\_\_ = \$ \_\_\_\_\_

#### Return Entry Fee (optional)

Number of entries: \_\_\_\_\_ x Return Fee \$40 \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
\$ \_\_\_\_\_

### PAYMENT METHOD

Check/share draft enclosed (payable to Credit Union National Association)

Charge my credit card     VISA     MasterCard     ACH

Card account number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

I understand that all entries become the property of CUNA, and CUNA reserves the right to publish information from the entries unless specific written instructions not to do so are included with each entry.

Signature of entrant: \_\_\_\_\_

#### Mail checks to:

Credit Union National Association  
P.O. Box 78546  
Milwaukee, WI 53278-0546

#### Fax credit card payments to:

608-231-4327

For office use only:

Customer # \_\_\_\_\_

Parent # \_\_\_\_\_

Order # \_\_\_\_\_

Authorization # \_\_\_\_\_



Credit Union  
National Association



Your Trusted Resource

Professional  
Development