



NOTICE OF 2018 ANNUAL MEETING

Saturday, March 3, 2018
Stockholm Inn – 2420 Charles St, Rockford, IL
Registration – 12:30 P.M.
Reservations Required by Monday, February 26, 2018

The Annual Meeting of the Generations Credit Union will be held on the **3rd day of March 2018** beginning promptly at 1:00 p.m. at the **Stockholm Inn, 2420 Charles St, Rockford, IL. Registration will begin at 12:30 p.m.**

The purpose of this meeting is to provide an opportunity for the members to receive the reports of their officers and committees, elect directors for the year and transact such other business as may properly come before the meeting. Attendance prize drawings will follow the business meeting.

Buffet Menu: Crispy fried chicken, tender sliced roast beef, whipped mashed potatoes with gravy, fresh tossed salad, bread, butter, coffee and iced tea, assorted desserts served after the business meeting **requires a reservation and pre-payment** as follows:

- **\$9.00 per adult attendee**
- **\$7.00 per child attendee (10 & under)**

Please **complete the reservation form** below and indicate whether you will be attending the business meeting only or attending both the business meeting and the luncheon. Return your reservation on or before **Monday, February 26, 2018**.

Generations Credit Union – Annual Meeting – Saturday, March 3, 2018 Reservation Form
(Reservation Deadline: Monday, February 26, 2018)

- I will be attending **ONLY** the annual business meeting on March 3, 2018.
- I will be attending **BOTH** the annual business meeting on March 3, 2018 and lunch following the meeting. Please reserve lunch seating for _____ adults and _____ children (10 and under).

Please list below the Generations Credit Union members who will be attending under this reservation.

Lunch Payment Options:

- Enclosed is my check for \$_____ (# of adults X \$9.00) + (# of children 10 and under X \$7.00).
- Please deduct \$_____ (# of adults X \$9.00) + (# of children 10 and under X \$7.00) from my
- Share account (savings) _____
 - Share draft account (checking) _____

Member signature for account deduction: _____

Completed reservation forms may be returned:

Mail to: **Generations Credit Union**
Attn: Denise Leonard
5618 Harrison Avenue
Rockford IL 61108

Fax to: **815-316-2902**

E-mail to: **dleonard@generationscu.org**