Instructions: Please print this form out and complete it. You can fax, mail or deliver to the credit union (Fax- 979-846-6866) Please provide a valid phone number that we can contact you, if necessary.

First Name:	
Last Name:	
Additional Travelers:	
Departure Date:	
Return Date:	
Where are you traveling t	co? (Please list all countries or provinces)
Cellular Phone Number(s):
E-mail Address(es):	
Credit Union Member Nu	mber(s):
☐ FedStar Visa® Cree	dit Card
(XXXXX) last seven numbers, please
☐ FedStar Visa® Deb	it Card
(XXXXX) last seven numbers please
Additional Informatio	n you would like us to be aware of: