



NAMING COMPETITION SUBMISSION FORM

Here is a unique opportunity to leave a lasting legacy with your Credit Union. Find the perfect name that reflects our strong foundation and our future growth and success.

Please fill out the form below to participate. Submit your completed form by **June 21, 2024**, through one of the following methods:

- **Email:** nameyourcreditunion@gmail.com
- **Drop off at your nearest branch**

Forms are located on our website: educomco-op.com & gatewayjm.com

Full Name: First _____ Middle Initial _____ Last _____

Email Address: _____ Phone Number: _____

Indicate the Credit Union you are currently a member of:

EduCom Co-operative Credit Union Gateway Co-operative Credit Union

Membership Number: _____

Proposed Name: _____

Explanation: (Please provide a brief explanation of the inspiration or meaning behind your proposed name).

Agreement: By submitting this form, you agree to the following terms and conditions:

1. The proposed name is your original creation and does not infringe on any third-party rights.
2. You grant the rights to use, modify, and publish the proposed name in any medium.
3. The decision of the competition judges is final.
4. You agree to abide by the rules and guidelines of the competition.

Signature: _____ Date: _____

THANK YOU FOR YOUR PARTICIPATION AND GOOD LUCK!