
Membership in other credit union(s) -- include positions held if any.

Please state those qualifications, past or present, from job and/or military experience that you possess that will be of benefit to the board of directors in administering the affairs of this credit union.

Please explain why you would like to be a Community Choice Credit Union board member including any particular items that you feel need to be addressed ?

This form must be completed in full, even if you have submitted a questionnaire in previous years.

Applicants will be asked to write a brief half page biography of themselves to be posted on the Credit Union website and included in the Annual Meeting booklet.

I have read the attached sheet regarding responsibilities of a director and would like the Nominating Committee to consider placing my name on the ballot. I understand that failure to complete any portion of this questionnaire or answer any additional questions by the Nominating Committee may result in my name not being included on the ballot.

I ALSO UNDERSTAND THAT THE NOMINATING COMMITTEE, AT THEIR DISCRETION, MAY EXCLUDE MY NAME FROM THE BALLOT FOR ANY REASON WHATSOEVER.

Eligible members not placed on the ballot may still be nominated from the floor at the Annual Meeting and will be subject to answering questions related to this Application in front of the attending members.

By signing below, I authorize Community Choice Credit Union to do a background check on me, to include, but not be limited to a credit check and criminal background check. Examples of criminal background checks may include Federal Bureau of Investigation checks, Iowa Department of Criminal Investigation checks and Iowa Courts Online.

I also state that I am in good standing with Community Choice Credit Union, have not caused the Credit Union a financial loss and have no delinquent obligations with the Credit Union. I also authorize Community Choice Credit Union to share this information with the membership of Community Choice Credit Union so they may make an informed decision when voting.

SIGNATURE

DATE

THIS FORM NEEDS TO BE TURNED IN TO ANY CREDIT UNION BRANCH LOCATION NO LATER THAN 5:00 P.M. ON JANUARY 12, 2018 OR POSTMARKED AS SUCH.

ATTENTION:

**KATHY CARLSON, EXECUTIVE ADMIN. ASSISTANT
COMMUNITY CHOICE CREDIT UNION
6163 NW 86th ST., SUITE 105
JOHNSTON, IA 50131**