APPLICATION/QUESTIONNAIRE FOR NOMINEES FOR THE BOARD OF DIRECTORS OF COMMUNITY CHOICE CREDIT UNION

APPLICANTS MUST BE OF LEGAL AGE

Name		
Address		
street	city	zip
Email Address:		
Home phone number	Work phone number	
Employer name		
Nature of business		
Job position	Length of employment	
Does your employer have any busines	ss relationship with the credit union?	
with the credit union business, your Education	rmines that your employment/business corname may not be included on the ballot	t.)
Marital status(option	Number of dependents	(optional)
	nion	,
Your credit union account number (You must be the primary account ho	lder – not a joint owner. Only members are	eligible to run.)
	te include positions held (Serving on and nittee person is a conflict of interest and vity Choice Credit Union.)	

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