



Board of Directors Application

Member Information

Full Name _____

Number of Years as Member _____

Physical Address _____

Mailing Address _____

Email Personal _____ Email Work _____

Preferred: Personal ____ Work ____

Contact Phone Numbers:

Home _____ Work _____ Cell _____

Preferred: Home ____ Work ____ Cell ____

Employment

Current Title _____ Years Employed at Current Employer _____

Current Employer /Retired from _____

Work Address _____

Note: The Nomination Committee may request a resume after reviewing this application.

Community Service

Current or Previous Board Level Experience, if applicable:

1. Organization Name _____

Position Held _____

Dates _____

2. Organization Name _____

Position Held _____

Dates _____

3. Organization Name _____

Position Held _____

Dates _____

Financial Services Experience:

Held a position at a financial institution (employment or volunteer):

Yes _____ No _____

If yes, list financial institution(s):

1. Organization Name _____

Position Held _____

Address _____

Employment Dates _____

2. Organization Name _____

Position Held _____

Address _____

Employment Dates _____

Personal Statements

Why do you wish to become an FFCU Board of Director?

What special qualifications would you bring to the FFCU Board of Directors?

References

Please provide up to three professional references:

Name _____ Your relationship _____

Address _____ Phone _____

City, State & Zip _____

Name _____ Your relationship _____

Address _____ Phone _____

City, State & Zip _____

Name _____ Your relationship _____

Address _____ Phone _____

City, State & Zip _____

Agreement To Serve

- I certify that the information in this application is true and correct, and I authorize the FFCU to investigate and verify any and all of the information.
- I understand the FFCU will gather employment information considered necessary and appropriate.
- I understand that the FFCU may perform a consumer credit report and a criminal background check as considered necessary and appropriate.
- I understand that the FFCU will retain this application whether or not I qualify for nomination with the understanding that it will be held in the strictest confidence.
- I agree to serve if elected to the FFCU Board of Directors.

Signature: _____

Printed Name: _____ Date: _____