

NOMINATION FORM

Nominees are required to complete the entire form and to submit a profile on the attached page in support of their nomination.

Please complete in BLOCK Letters
Name:
Residential Address:
A/c#: Date of birth:/Tel#:/
Place of employment:
Address:
Tel#:Ext.:
Present Position:
Duration of Employment:/ Years Mths
OFFICE NOMINATED FOR (tick one) Board of Directors Supervisory Committee Credit Committee Recommender: A/c#: Recommender's Address:
I, agree to accept this nomination for the above Nominee's Name
Office indicated above.
Nominee's Signature Date
Recommender's Signature Date



PROFILE

Name of Nominee:					
Date of Birth:/	Vaar				
Occupation:					
INSTITUTION		FROM	ТО	CEDTIL	TICATES
INSTITUTION		FROM		O CERTIFICATES OBTAINED	
WORK EXPERIENCE (begi	n with the most recent)				
COMPANY	POSITION	FROM	TO D	DETAILS OF POSITION	
Have you ever served on any C	redit Union committee?	□ Yes	□ No		
If yes, please state:					
COMMITTEE			FR	OM	ТО
Please state any hobbies, specia	al interests or skills you r	nov pososse			
rease state any nobbles, specia		may possess.			
Do you hold or have you ever h	neld a position in any oth	er Club/Society?	☐ Yes	\square No	
If yes, please state:					
POSITION			FRO	OM	ТО
					1