

BOARD OF DIRECTORS NOMINATION FORM

NAME		ACCOUNT #
ADDRESS		
HOME PHONE	CELL PHONE	WORK PHONE
PLACE OF EMPLOYMENT		TITLE
Tell us about your educational b	ackground (High School, College, Degree	s, and others)
List any business affiliations you	are or have been involved with. (Kiwanis	, Rotary, Chamber of Commerce, and others)
Briefly tell us why you first beca	me a member of the PTOFCU	
Describe the skills and abilities t	hat you feel can contribute to the credit i	union by serving on the Board of Directors
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Explain why you think our mem	bers should vote for you	
List any community service(s) yo	bu have been involved in and in what cap	acity
Fill free to utilize the above info	rmation for your campaign information.	

I, the undersigned, understand the responsibilities of the PTOFCU Credit Union Board of Directors and offer my services as a volunteer candidate for election on (insert election date) for the next three years.

SIGNATURE

DATE