## COMMUNITY CHOICE CREDIT UNION ASSOCIATE DIRECTOR APPLICATION

## APPLICANTS MUST BE OF LEGAL AGE

Name		
Address		
Street	city	zip
Email Address:		
Home phone number	Work phone number	
	bank or credit union would disqualify you	
(Employment at a	bank or credit union would disquality you	)
Nature of business		
Job position	Length of employment	
Does your employer have any busine	ess relationship with the credit union?	
If yes, please explain		
Education		
Marital status	Number of dependents	
(Optio		(Optional)
Length of membership in this credit	union	
Your credit union account number		
(You must be the primary account he	older – not a joint owner. Only members an	re eligible.)
	ate include positions held (Serving on an mittee person is a conflict of interest and	

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 may be beneficial to serving as an Associate Director

Please explain why you would like to be a Community Choice Credit Union Associate Director.

To be given consideration, this form must be completed in full.

I would like the Community Choice Credit Union Board to consider me for an Associate Director position and understand that if appointed, I serve as a volunteer, and at the pleasure of the Board. I further understand that I would need to sign a confidentiality agreement regarding all discussions and activities at it relates to this position. I also acknowledge that the Board may deny my application for any reason.

I further authorize Community Choice Credit Union to do any necessary background check(s) on me and to obtain a credit bureau report on me. 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.

Applications must be submitted by March 15, 2018

SIGNATURE