



APPLICATION FOR NOMINATION AS A CANDIDATE FOR ELECTION TO ABRI CREDIT UNION BOARD OF DIRECTORS

Name: _____
Last: _____ First: _____ Middle: _____

Job Title: _____ Employer: _____

Home Address: _____

Daytime Phone: _____ Evening Phone: _____

Fax Number: _____ E-mail Address: _____

Preferred method of contact: _____

Length of membership at ACU: _____ ACU Account Number: _____

Please comment on why you want to serve on the Board of Directors for Abri Credit Union. What is your vision or goal in serving on the Board of Directors?

Have you ever been convicted of any misdemeanor or felony? Yes: _____ No: _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have any monetary disclosures and/or business or family relations that would conflict with your serving on the board?

Please list all commissions you have and committees and board positions you currently hold (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization: _____ Role/Title: _____ Dates of Service: _____

Please list Education/Training/Certificates:

Institution: _____ Degree: _____ Year: _____

Please list your employers for the past (5) years. **Please provide your most recent resume.**

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
May we contact your present employer? Yes: _____ No: _____	
If not at current address for last five (5) years, please list previous address(es).	
Address: _____ _____	Address: _____ _____
Years: _____	Years: _____
Please provide two references: (Not family members)	
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____

In exchange for the consideration of my application by Abri Credit Union (hereinafter called “ACU”), it is understood that:

- You promise that everything you have stated in this application is correct to the best of your knowledge.
- You authorize ACU to obtain credit reports in connection with this application for the Nominating Committee.
- You understand that ACU will rely on the information in this application and your credit report to make a decision. At your request, ACU will tell you the name and address of any credit bureau from which it received a credit report on you.

I further understand that my service with ACU is subject to the organization’s bylaws, and applicable corporate policy.

Signature of applicant: _____ Date: _____

ACU practices non-discrimination according to the non-discrimination policy. We assure you that your opportunity for service with ACU depends solely on your qualifications.

When complete, please return your application using one of the following methods.

Scan & Email to	Fax	Mail
nominations@abricu.com	815-267-7710	Abri Credit Union Attn: Nominating Committee 1350 W. Renwick Rd., Romeoville, IL 60446

Thank you for your interest in serving on the Board of Directors of Abri Credit Union.