SUPERVISORY COMMITTEE MEMBER APPLICATION

Applicant's Name:	
Member Number:	Date Joined Credit Union:
Address:	
Home Phone Number:	Work Phone Number:
Cell Phone Number:	Email Address:
Current Employer (if applicable):	
Title/Position:	
	this Committee:
	y Committee Member?
Referred by (if applicable):	Phone Number:
If you are related to any Garden Savings FCU St and relationship(s):	taff, Board of Directors, or Volunteers, state their name(s)

References:

Please provide two references not related to you.	The Nominations Committee may contact these
references during regular business hours.	

(1) Name:
Occupation:
Email Address:
Phone Number:
Years Known:
(2) Name:
Occupation:
Email Address:
Phone Number:
Years Known:
By signing below, I certify and commit to the following:
 I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omission, whenever discovered, regarding this application is a reason for disqualification from further consideration You have my permission to contact those listed as references. I certify that I have never been convicted of a felony or a financially-related misdemeanor. I authorize Garden Savings FCU to obtain bondability checks in connection with this application I also acknowledge my responsibility to engage in safe and sound financial practices under the guidelines of the National Credit Union Administration's Rules and Regulations and the Federal Credit Union Act.

Signature of Applicant: ______ Date: _____