



## BOARD OF DIRECTORS APPLICATION

Name: \_\_\_\_\_ Years of Membership: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
P.O. Box/Street City State Zip

Email Address: \_\_\_\_\_  
Home Work

Telephone: \_\_\_\_\_  
Home Work

Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box/Street City State Zip

Current Position: \_\_\_\_\_ Years Employed: \_\_\_\_\_

YES NO

- 1) Have you ever been convicted of a crime of dishonesty?
- 2) Are you at least 18 years of age?
- 3) Are you currently employed by Lookout FCU or another financial institution?
- 4) Have You Ever Been Employed by Lookout FCU?
- 5) Do you have any relationship or association with any past or present employees or Directors of Lookout FCU
- 6) Have you served as a paid or volunteer director of another financial institution or credit union within the last three years?
- 7) Have you been employed by another financial institution or credit union within the last three years?

What specific experience do you have that would be helpful has a Director of the Board of Lookout Federal Credit Union? *(Use a separate sheet of paper if necessary.)*

Please provide a candidate's statement of 150 words or less that may be published in the notice of election form that is sent to the general membership. *(Use a separate sheet of paper if necessary.)*

Please provide names and telephone numbers of any references you would like to use.

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Reference

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Telephone

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Reference

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Telephone

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Reference

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Telephone

## ACKNOWLEDGEMENT OF THE APPLICANT

I understand that this completed application must be received in the credit union offices by the published deadline in order to be considered by the Nominating Committee. I also understand that my Candidate's Statement may be used by Lookout Federal Credit Union in publications and agree to allow it to be used as the credit union deems appropriate. I acknowledge that a background check and credit report may be completed and that I may be subject to an interview by the Nominating Committee. I further understand that the current Board of Directors will use this information in deciding whether to include my name on the ballot as a candidate.

To the best of my knowledge, I do not have any personal or professional conflict of interest, in fact or appearance, which would adversely affect my ability to serve as a Director for Lookout Federal Credit Union.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***Thank you for your interest in applying for a leadership position at your credit union!***

Please return this application to:

**Nominating Committee  
Lookout Federal Credit Union  
275 S. 5th Ave., Suite 210  
Pocatello, ID 83201**