

Mailing Address PO Box 148 Alexandria, VA 22313 Headquarters 12 Herbert Street Alexandria, VA 22305 T (800) 336.0284 F (703) 683.1573 SignatureFCU.org

SELF NOMINATION FOR ELECTED OFFICE

Name		
Address		
Telephone		
You are requesting nomination to the Committee	Board of Directors	or Credit
Through which organization are you eligible fo	or membership in Signatu	ire FCU?
Please attach a separate document outlining t nominated:	he following as it pertain	s to your request to be
Career Summary Financial Management Experience Community Service and Honors Organizational Roles (i.e., leadership/governa	nce positions in your orga	anization)
Years as member of Signature Federal Credit l	Jnion	
Except for unforeseen emergencies, will you c teleconference meetings of 1-2 hours and to days?	_	•
Member Number Socia	Security Number*	
*By signing below, you authorize Signature Fedin order to verify your financial position.	deral Credit Union to pull	a personal credit report
Signature		 Date
Applications must be submitted by mail to em	ail:	
Signature Federal Credit Union	D CHMail@Si	anatureFCII ora

Signature Federal Credit Union PO Box 148 Alexandria, VA 22313-0148

<u>OR</u>

CUMail@SignatureFCU.org