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 San Bruno, CA 94066  
 800.222.1391  
 Members\_Info@thepolicecu.org  
 www.thepolicecu.org

## Application for Associate Board Member Program

Name:

City:	State:	ZIP Code:
Home Phone:	Cell:	Email:
Preferred method of contact <i>(Please circle)</i>	Home Phone Cell Email	Member Number
<b>EMPLOYMENT INFORMATION</b>		
Current employer:		
Employer address:		How long?
City:	State:	ZIP Code:

Nature of Business:

Directions:

Please answer the following questions. Attach additional information if necessary.

Why do you want to participate in The Police Credit Union Associate Board Member Program?
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What experience and qualifications do you possess that are related to a financial institution or the financial industry? How do you see these skills being of value to The Police Credit Union and specifically, to the Board of Directors?

How will The Police Credit Union benefit from your involvement in the program?

Please indicate your work experience and list any training or education certificates, awards or honors.

Please list any boards and committees that you serve, past or present. Include organization name, your role/position and date of service.

Please list any organizations where you serve as a volunteer.

Please list any other current credit union memberships you hold.

I would like to be considered for The Police Credit Union Associate Board Member Program and if selected, I will be able to meet the requirements of the program. I understand that failure to complete any portion of the application or answer any additional questions may result in my being disqualified as a candidate. I also understand that potential candidates will be selected at the discretion of The Police Credit Union Board of Directors.

I further authorize SF Police Credit Union to perform a background and review to determine if I am eligible to be bonded, which may include credit history (which will have no effect on my credit score, report, or rating).

I hereby state I am a member in good standing, have no known conflict of interest, and no delinquent obligations, past or present, with The Police Credit Union.

I affirm I have read the qualifications, duties, and responsibilities for The Police Credit Union Associate Board Member Program and my signature below verifies my understanding and acceptance of these statements.

Print Name

Signature

Date