



Elected Committee

Note:

Applicants are advised to complete the entire form. Candidates are also required to submit a resume of not more than one page (see form attached) to support their application. Please be guided by the Nomination procedures.

Please complete in Block Letters

Candidate's Full Name _____

Account # _____ Date of Birth _____ Year joined AMGECU _____

Mailing Address _____ Ext _____

Tel No (Home) _____ (Mobile) _____ (Work) _____

Occupation _____ Email: _____

Place of Employment _____

Address _____

OFFICE NOMINATED FOR (tick one)

Board of Directors

Supervisory Committee

Credit Committee

Special Interests _____

Proposer _____ Account # _____

Proposer Address _____

Secunder _____ Account # _____

Secunder Address _____

I, _____ (Candidate's Name) agree to accept this nomination for the office indicated above.

Candidate Signature _____ Date _____

Proposer Signature _____ Secunder Signature _____



RESUME

Name of Nominee	
Date of Birth	
Profession/Occupation	
Educational Background	
Credit Union Activities	
Other Activities	