

P.O. Box 79 Circle, MT 59215

Application for Associate Director of Grasslands Federal Credit Union

		Applicant Informat	ion		
Full Name:				Date:	
	Last	First	M.I.		
Address:					
	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Email			
Employer:			Phon	ne:	
Address:		Supervisor:			
		Applicant Respons	ses		

1. Why do you want to serve as an associate member of the Board of Directors of Grasslands Federal Credit Union?

2. What expertise and skills do you have that are related to a financial institution? Or, how do you see your current skills being of value to the Board's activities and responsibilities?

	Please list any notable accomplishments that illustrate your leadership or commitment to helping others or your community.
4.	Please include any other relevant information that you wish to have appear in a biographical summary presented to the Board of Directors.
	Disclaimer and Signature
I certify	that my answers are true and complete to the best of my knowledge.
	tand that if appointed by the Board of Directors as an Associate Director, I do not have voting privileges otherwise participate in all regular and closed meetings of the Board of Directors of Grasslands Federal
	nion.
I unders	tand that the Board is not obligated to appoint an Associate Director and may not act on all applications.
	tand that the Board is not obligated to appoint an Associate Director and may not act on all applications. that I meet all qualification standards as outlined in Grasslands Federal Credit Union By-Laws dated June
I certify	tand that the Board is not obligated to appoint an Associate Director and may not act on all applications. that I meet all qualification standards as outlined in Grasslands Federal Credit Union By-Laws dated June 7.