

ROSTER OF CREDIT UNION OFFICIALS

Year 2009

Credit Union _____

Address _____ City, State, Zip _____

Address _____ City, State, Zip _____
Mailing address if other than above

Phone Number _____ After Hours Number _____

Fax Number _____ Credit Union E-Mail Address _____

Regular Office Hours: _____ to _____. S M T W TH F S (circle days of week)

Please print or type

BOARD OF DIRECTORS

Name	Address	City, Zip	Phone No.	Date Elected/ Appointed	Date Term Expires
1.					
Chair					
2.					
Vice-Chair					
3.					
Secretary					
4.					
Treasurer					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

CREDIT COMMITTEE

Name	Address	City, Zip	Phone No.	Date Elected/ Appointed	Date Term Expires
1.					
Chair					
2.					
3.					
4.					
5.					
6.					

SUPERVISORY COMMITTEE

Name	Address	City, Zip	Phone No.	Date Elected/ Appointed	Date Term Expires
1.					
Chair					
2.					
3.					
4.					
5.					
6.					

EMPLOYEES

Name	Address	City, Zip	Phone No.
1.			
President/Manager			
2.			
3.			

EMPLOYEES (continued)

Name	Address	City, Zip	Phone No.
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			