

# ROSTER OF CREDIT UNION OFFICIALS

Year 20\_\_\_\_\_

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)**

<b>Name</b>	<b>Address</b>	<b>City, Zip</b>	<b>Phone No.</b>
4.			
5.			
6.			
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