

STCU

APPLICATION FOR NOMINATION

I am applying for nomination to: <input type="checkbox"/> STCU Board of Directors <input type="checkbox"/> STCU Audit Committee	If you're not completing the application on-line, please return any hard-copy completed forms to: McKae Landon STCU Administration 1620 North Signal Drive Liberty Lake, WA 99019 Or drop off at a branch location near you
Name:	
Member No.:	
Address:	
Home Phone:	<u>DEADLINE: NOVEMBER 1, 2024</u> Complete information must be written on this form. Any other material will be discarded.
Work Phone:	
Cell Phone:	
Email:	

- Please check if you would be interested in serving as an affiliate committee member on a board committee if you are not elected in the March 2025 elections.
- Please check if you are currently an affiliate committee member and would like to continue serving if not elected in the March 2025 elections.

■ EMPLOYMENT HISTORY

	Employer	Dates	Positions
Current position:			
Previous positions:			

■ FORMAL EDUCATIONAL BACKGROUND

Degree Program	Institution	Year	Major	Minor
Bachelors				
Masters				
Doctorate				
Other				

■ FINANCIAL LITERACY SKILLS

After reviewing the financial literacy skills and training requirements information provided in the application packet, do you feel you currently have the required skills? Yes No

If no, are you willing to participate in the required training within six months of your election?
 Yes No

■ **COMMUNITY OR MISCELLANEOUS SERVICE**

■ **ACCOMPLISHMENTS/EXPERIENCE PERTINENT TO THIS POSITION**

■ **PRIMARY REASONS FOR SEEKING THIS POSITION**

- If you are nominated, your name and picture (along with your education, experience and community service information provided on this application) will appear on the ballot during election time. **In less than 100 words (count every word)**, please type or print your statement to the members that you would like to appear with the other information. **This will be produced exactly as it is written on this application. No editing of content will be provided.**

I authorize STCU to do a credit and background check. I agree I will not campaign on STCU property during the election period.

Signature

Date

NOTE: The above information will be used to inform STCU members of your qualifications. The credit and background check will be kept confidential.