

2017

**Agriculture Federal Credit Union (AgFed) Board of Directors Candidate Application**

AgFed would like to thank you for applying as a candidate to the Board of Directors of the AgFed. On behalf of the membership of the AgFed, the Board of Directors directs the affairs of the AgFed in accordance with the Federal Credit Union Act and applicable bylaws and regulations.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Personal email address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary AgFed Account Number: \_\_\_\_\_

Other AgFed accounts on which you are an owner: \_\_\_\_\_

How long have you been a member of AgFed? \_\_\_\_\_

Why would you like to serve as a volunteer Director of AgFed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be available to attend our monthly Board meetings on a regular basis (generally held at 5:00 p.m. on the last Wednesday of each month)?

\_\_\_\_\_

Would you be available to attend all-day strategic planning sessions (generally held two to three times per year)?

\_\_\_\_\_

Would you be willing to make the following time commitment to AgFed?

- 3 - 4 Hours Minimum For Monthly Board Meetings
- 4 - 6 Hours Reading Per Month
- 6 Days For Planning Session Per Year

- 2 Hours Per Month For a Committee

Do you possess knowledge and/or experience or expertise in any of the following areas?

- Accounting
- Personnel
- Business
- Planning
- Corporate Policy/Procedure
- Marketing
- Finance
- Law
- Information Systems
- Retailing
- Investments
- Sales

Please describe the above knowledge and/or experience:

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Please describe your educational background or other professional training that would benefit AgFed members:

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If not elected to the Board of Directors at this time, AgFed would appreciate you serving on one of the following AgFed Committees, if nominated by the Board. By serving on a Committee, you often gain valuable experience that can lead to later service on the Board of Directors. Please indicate on which Committee you would be interested in serving:

Supervisory Committee

Finance Committee

Planning Committee

Loan Committee

Technology Committee

Other Special Committees

By signing this application, you attest that you:

- Are a member in good standing of the AgFed;
- Have not caused the AgFed any financial losses;
- Have never been convicted of a felony;
- Have never declared bankruptcy;
- Have a good credit history (e.g., no serious delinquencies, no pattern history of checks returned for insufficient funds, no negative balance in share accounts, etc.);
- Are authorizing the AgFed to obtain a copy of your credit report for review;
- Have read the attached AgFed policy on the Responsibilities of the Board of Directors and are willing to accept those responsibilities;
- Are not an employee of AgFed or a competing financial institution; and
- Are willing to act independently and objectively in the best interests of the members of the AgFed regardless of any relationship you might have with other Directors, members, or employees of AgFed.

I have no conflict of interest which will impair my ability to properly serve the office to which I am elected or appointed. A conflict of interest situation is one in which my own personal interests will cause me to take actions or make decisions that are not in the best interests of the members who elected me to serve. If the situation is temporary or involves a single issue, I will disclose the conflict to the Board of Directors. If it is pervasive across multiple issues, I will disclose the conflict to the Board of Directors and resign my office, if asked to do so by the Board of Directors.

I authorize the AgFed to validate my membership status in the AgFed and to perform any credit verifications deemed necessary. I understand that AgFed will obtain a credit history report to be reviewed by the CEO for the purpose of identifying problems and communicating them to the Nominating Committee as part of the application process. If elected, this authorization will remain on file and will serve as an ongoing authorization for AgFed.

I hereby affirm that all statements I have made in this application and any attachments are true. If any statements are discovered to be false, this application becomes void and any subsequent election or appointment as a result of this application is void.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_

AgFed Member  
Number \_\_\_\_\_