

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

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

<i>Name</i>	
<i>Address</i>	
<i>Phone</i>	<i>Personal Email</i>
<i>Social Security Number</i>	<i>Date of Birth</i>
<i>Primary AgFed Account Number</i>	
<i>How long have you been a member of AgFed?</i>	

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

Please describe your qualifications, education and/or experience and how it could benefit the Credit Union and its membership:

If not elected to the Board of Directors at this time, AgFed would appreciate you serving on one of its educational committees other committee.

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;
- 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 that 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		