



ANTILLES EMPLOYEES CREDIT UNION (CO-OPERATIVE) SOCIETY LIMITED

NOMINATION FORM

NOTE: Candidates are requested to complete the form in block letters and submit a brief resume in support of their application (co-operative background would be an asset).

All nominees, recommenders and seconders must adhere to the following stipulations:

1. Be eighteen (18) years and over
2. Be a member of the society for at least one (1) year and in **good standing**

Nomination forms must be returned on or before Wednesday 24th November, 2021 to the Credit Union's office.

NOMINEE'S NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____ CREDIT UNION ACCOUNT # _____

TELEPHONE CONTACT: (H) _____ (W) _____ (C) _____

EMPLOYER'S NAME & ADDRESS: _____

PLEASE TICK ONLY ONE OFFICE:

BOARD OF DIRECTORS { }
CREDIT COMMITTEE { }
SUPERVISORY COMMITTEE { }

NOMINEE'S SIGNATURE: _____ DATE: _____

RECOMMENDER'S NAME: _____

RECOMMENDER'S SIGNATURE: _____ C.U. A/C #: _____

SECONDER'S NAME: _____

SECONDER'S SIGNATURE: _____ C.U. A/C #: _____

FOR OFFICIAL USE ONLY

