

BOARD MEMBER NOMINATION FORM



COMMONWEALTH CREDIT UNION

PERSONAL INFORMATION

Full Name			
Address			
City	State	ZIP Code	
Phone Number			
Email Address			

ACCEPTANCE STATEMENT

I, _____, hereby accept the appointment to serve as a Board Member of Commonwealth Federal Credit Union.

I understand the responsibilities and duties associated with this position and commit to fulfilling them to the best of my abilities.

CONFLICT OF INTEREST DISCLOSURE (INITIAL)

____ I certify that I have no conflicts of interest that would impair my ability to serve as a Board Member.

____ If any potential conflicts arise during my tenure, I will disclose them promptly to the Board.

COMMITMENT TO ETHICAL STANDARDS (INITIAL)

____ I pledge to adhere to the highest ethical standards and to act in the best interests of the credit union and its members.

____ I will maintain confidentiality of all sensitive information and uphold the integrity of the Board.

QUALIFICATIONS AND BIOGRAPHICAL INFORMATION

On a separate sheet, please provide specific qualifications you possess, as well as biographical information to submit with your nomination.

Signature _____ Date _____