



SUPERVISORY COMMITTEE CANDIDATE INQUIRY

Thank you for your interest in serving as a Supervisory Committee member at Leading Edge Credit Union. Please fill out the following application to describe your interest and qualifications.

INFORMATION

Name

Phone Number

Address

Email

Member of Leading Edge Credit Union? Yes No

If yes, year joined Leading Edge Credit Union

Member Number

EMPLOYMENT HISTORY

Employer

Hire Date

Address

Position/Title

Work Phone Number



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Thank you for your interest in serving as a Supervisory Committee member at Leading Edge Credit Union. Please fill out the following application to describe your interest and qualifications.

VOLUNTEER INTEREST

Why are you interested in serving as a Supervisory Committee member of Leading Edge Credit Union?

What contribution do you believe you would make as a Supervisory Committee member for Leading Edge Credit Union?

Please list and describe previous volunteer experience(s)

What past experiences (job experience, education, training, etc.) prepared you to serve on the Supervisory Committee?

I certify that all the information entered on this form is true and correct to the best of my knowledge. Yes No

I also understand that in order to become an official, I must authorize and pass a criminal background check, credit and bondability check. I authorize Leading Edge Credit Union to perform such checks. Yes No

Signature

Date