



## Associate Board Member

**Candidate Application**



**(256) 237-9494**  
**(800) 637-0299**

334 Victory Drive, Bynum, Alabama 36253  
216 Greenbrier Dear Road, Anniston, Alabama 36207  
Building 141, Anniston, Alabama 36201  
150 Bill Robison Parkway, Anniston, Alabama 36206  
12 Elm Street, Oxford, Alabama 36203

[www.aodfcu.com](http://www.aodfcu.com)

**AOD Federal Credit Union is pleased to announce that we are now accepting applications for Associate Board Members.**

AODFCU seeks Associate Board Members to serve a 3-month term with our experienced Board of Directors. This non-voting position, appointed by the Board, will provide an opportunity for interested members to learn about the board process and gain an educational background on the internal policies and procedures of AODFCU.

*Each applicant must complete a Nomination Application and mail it to the address designated below. Applications will remain active for 6-months after receipt.*

**AOD Federal Credit Union  
Associate Board Member  
Nomination  
P.O. Box 608  
Bynum, AL 36253**

**AOD Federal Credit Union  
Associate Board Member Nomination Application**

I, \_\_\_\_\_  
(First Name) (MI) (Last Name)

wish to be considered and accept candidacy for nomination for the Associate position on AOD Federal Credit Union's Board of Directors.

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ Credit Union Account #: \_\_\_\_\_

Education: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Work Experience: \_\_\_\_\_

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

**Application Form Waiver**

I understand that, in connection with the routine processing of this application for the Board of Directors, AODFCU may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. ( )\* Upon written request from me, AODFCU, will provide me with additional information concerning the nature and scope of any such report requested by it, as requested by the Fair Credit Reporting Act. ( )\* Must be a member in good standing to participate. Must be a member for at least one (1) year to apply.

\*Please initial. Note: Should you decide to withhold authorization, we cannot consider your application for candidacy.

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

Statement of Intent  
 (Tell us in 50 words or less why you wish to be considered as a candidate for AOD FCU's Associate Board Member position.)

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