

**AOD FEDERAL CREDIT UNION  
NOMINATION FOR BOARD OF DIRECTORS - 2021**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CURRENT EMPLOYMENT \_\_\_\_\_

SECONDARY WORK HISTORY \_\_\_\_\_

**EDUCATION:** (Please circle last year completed)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 or more

COLLEGE \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

OTHER \_\_\_\_\_

**QUALIFICATION CRITERIA:**

Credit union insurance carriers require that all members of Board of Directors be bonded. Any reason which might prevent you from being bonded by our insurance carrier will be cause for non-selection by the Nominating Committee. In your opinion, is there any reason that might prevent your bonding by insurance carrier (see box below)?

Yes \_\_\_\_\_ No \_\_\_\_\_.

<i>Board of Directors Non-Bondability</i>
<i>-1- If CUMIS has ever paid a bond claim on the person or had declared the person to be non-bondable.</i>
<i>-2- If any other bonding company has denied or withdrawn Bondability for that person.</i>
<i>-3- If the person has been convicted of a felony involving theft or fraud.</i>

Do you have relatives employed by or serving on the Board of Directors or on any committee of AOD Federal Credit Union?

(AODFCU's policy states that members of Board member's immediate family cannot be employed or serve as a volunteer for the credit union. "Immediate Family" is defined as the following: spouse, child, sibling, parent, grandparent or grandchild. This includes any person living in the same household of persons identified above as "family".

Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, please identify those relatives and the positions held.

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Appearance of or conflict of interest could be cause for non-selection by the Nominating Committee. The Federal Credit Union Act prohibits an individual from serving as management (including being a Board member) at two or more depository institutions. Do you have interest in or are you employed in a business that would compromise the integrity of the Credit Union relationships with its members: such as persons or businesses who routinely sell and market to the Credit Union or its members?

Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, please state the circumstances:\_\_\_\_\_

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NOTICE: A "NO" answer to one of more of the following questions will disqualify you for nomination.

I agree to a background and credit check. Yes\_\_\_\_\_ No\_\_\_\_\_.

(Please complete the attached "Disclosure of Intent to Obtain Consumer Reports or Investigative Consumer Reports", pg. 6)

I agree to subscribe to educational courses (at the credit union's expense) to further my knowledge of the credit union industry. Yes\_\_\_\_\_ No\_\_\_\_\_.

I agree to devote a minimum of eight hours per month to the credit union to attend board meetings, committee meetings, or outside activities (such as training classes, etc.)  
Yes\_\_\_\_\_ No\_\_\_\_\_.

I agree to enforce and follow the written policies and procedures of the credit union.  
Yes\_\_\_\_\_ No\_\_\_\_\_.

I agree to work with all Board members and support majority-voted decisions. Yes\_\_\_\_\_ No\_\_\_\_\_.

I agree to make decisions and help establish policies based solely on what is best for AODFCU.  
Yes\_\_\_\_\_ No\_\_\_\_\_.

List two references that may be contacted for information.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Required Reading List if Elected:**

Federal Credit Union Act  
Parliamentary Procedures  
Board Minutes, last 12 months  
NCUA Exams, last 2

AOD Federal Credit Union Bylaws  
AOD Federal Credit Union Charter  
Opinion Audit, last 2  
AOD Federal Credit Union Policies and Procedures



I agree to being nominated and agree to serve if elected to office.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Falsification of data on this application will result in automatic removal if elected to a position on the Board of Directors of AOD Federal Credit Union.

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

**This nomination form must be post marked no later than: August 10, 2020**

**Complete and mail your nomination form to any of the following Nominating Committee Members.**

Ronald Self, Chairman  
P.O. Box 584  
Munford, AL 36268  
(256) 239-0982

Jim Webb  
P.O. Box 3330  
Oxford, AL 36203  
(256)454-1590

James Daugherty  
53 Blue Eye Road W  
Lincoln, AL 35096  
(256) 239-3936

**(Please do not bring this form to the credit union.)**

**DISCLOSURE OF INTENT TO OBTAIN  
CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

To research your suitability to serve as an AOD Federal Credit Union official, the Credit Union is authorized to obtain consumer reports on you as an applicant or from time to time during your service as an official. "Consumer Reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For such purposes, AOD Federal Credit Union may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

**AUTHORIZATION**

**I authorize the AOD Federal Credit Union to obtain consumer reports and/or investigative consumer reports regarding me from time to time to evaluate my suitability to serve as an AOD Federal Credit Union official.**

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

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Other Driver's Licenses Held in Past 5 Years: \_\_\_\_\_

Print Maiden or Other Names Under Which Records May be Listed: \_\_\_\_\_

Date of Birth (to be used only for proper identification): \_\_\_\_\_

If AOD Federal Credit Union requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, indicate here:

\_\_\_\_\_