



APPLICATION FOR
ASSOCIATE DIRECTOR

1. By completing this, I am requesting to be nominated for an Associate Director position.

2. Please print or type the following information:

Full Legal Name _____

Residence Address _____

_____ Residence Phone No. _____

PHFCU Account No. _____ Member Since _____

Employer/Occupation _____ Business Phone No. _____

3. Qualifications/Biographical Data: The following is a brief summary of my resume that may be used to publicize my nomination.

4. Publicity/News Release: In the event of my selection as a PHFCU candidate, I agree that I will not release my name for publication until I have been notified by the Nomination Committee Chairperson that the Slate of Nominees has been approved and released.

5. Pay/Compensation: If elected, I understand that I will be serving the PHFCU membership without pay or compensation for services rendered.

6. Attendance: I will attend all scheduled and special meetings, unless excused for good cause by the Chairperson.
7. Self Improvement: If elected, I agree to attend classes sponsored or paid for by PHFCU, on my own time to better qualify myself to fulfill the duties and responsibilities of my elected position.
8. Campaign/Electioneering Rules: I have received a copy of the PHFCU Campaign/Election Rules and agree to abide by them.
9. Please submit a headshot photo with the following guidelines:
 - Digital photos preferred. A scanned photo is also acceptable if quality is 300 DPI or higher.
 - Mid-torso or shoulders and up
 - Business attire
 - Business hairstyle and accessories
 - No other people, pets, food/beverages, or logos are allowed in picture.
10. Return this Application to:

Pearl Hawaii FCU
 Attn: President/CEO or Executive Assistant
 94-449 Ukee Street
 Waipahu, HI 96797

Date

Signature of Applicant/Nominee

To be completed by PHFCU:

Date application received: _____

Application received by: _____

Approved by: _____
 Nominating Committee Chairperson