



## PCTFCU Board of Directors Candidate Application

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Thank you for your interest in becoming a candidate for election as Director of the Credit Union. If you have any questions concerning completion of this application, please contact [nominationcommittee@pctfcu.org](mailto:nominationcommittee@pctfcu.org). Please return this application form and a current resume by July 1<sup>st</sup>, 2023.

- EMAIL: [nominationcommittee@pctfcu.org](mailto:nominationcommittee@pctfcu.org)
- FAX: 508-291-0491
- MAIL: Nomination Committee  
PCT Federal Credit Union  
2203 Cranberry Highway  
P.O. Box 189  
West Wareham, MA 02756

### Part I: Applicant Personal Information

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Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Title & Occupation: \_\_\_\_\_

### Part II: Applicant Background

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Educational Background (please include formal education/specialized training/professional licenses which you feel are relevant in becoming a PCTFCU Director):

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Community Service (please list any community organizations where you serve as a volunteer):

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## Part III: Personal Statement

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Please indicate why you wish to serve on the PCTFCU Board and what contributions you expect to make:

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## Part IV: Eligibility

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Have you ever been convicted of a felony?  Yes  No

If yes, please attach an explanation

Have you filed for bankruptcy in the past 7 years?  Yes  No

If yes, when? \_\_\_\_\_

Do you currently serve on the Board for another financial institution?  Yes  No

## Part V: Requirements (Please attach Resume)

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1. Five years of full-time work experience required.
2. College degree preferred.
3. Must be a member of PCTFCU in good standing for at least 3 months.
4. Must be over the age of 18.
5. Directors are not reimbursed for expenses incurred by traveling to/from Board and Committee meetings.
6. In-person attendance is required by statute at Board and Committee meetings.

## Part VI: Candidate Agreement

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I certify that the information in this application is true and correct to the best of my knowledge, and the Nominating Committee may verify any information I have provided. If I am favorably considered for



nomination, I consent, as a final step, to the Credit Union performing any necessary credit and background checks to verify the above statements.

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

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