



## BOARD OF DIRECTOR NOMINATION FORM

**Nominee:** \_\_\_\_\_ Membership Number: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_

**Nominee's Signature:** \_\_\_\_\_

**Nominator:** \_\_\_\_\_ Membership Number: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_

**Nominator's Signature:** \_\_\_\_\_

**Date Received by Vermilion Credit Union Ltd.**

Date: \_\_\_\_\_ Received by: \_\_\_\_\_