

**MEMBER REQUEST FOR INCLUSION  
2016 ANNUAL MEETING**

**CANDIDATE FOR THE BOARD OF DIRECTORS**

Name	Account #	
Address		
City	State	Zip
Day Time Phone Number _____		

Please state briefly any qualifications that you feel would assist you in performing the duties of a Board member.

You are permitted to place a brief statement on the ballot. This statement can be your qualifications, your reason for running for the Board of Directors or both. Please be brief as space on the ballot may be limited.

I hereby place my name in nomination to be a Director for Lower Columbia Longshoremen's Federal Credit Union. I agree to commit the time necessary to fulfill the duties of the office. I acknowledge that it is a volunteer position, and there will be no compensation for time served.

\_\_\_\_\_  
By

\_\_\_\_\_  
Date

**This form must be returned to Lower Columbia Longshoremen's FCU, 629 14<sup>th</sup> Ave., Longview, WA 98632 no later than November 27, 2015.**