



**Marshfield Medical Center Credit Union**

**ASSOCIATE DIRECTOR APPLICATION**

Thank you for your interest in serving as an associated board director for the Marshfield Medical Center Credit Union. Your interest in the position shows your commitment to guiding the credit union in making the best decisions in serving our members in the future. Please complete the questions below, using additional paper as necessary.

1. Why would you like to be an associate director for MMCCU?
  
  
  
  
  
  
  
  
  
  
2. What is your professional background?
  
  
  
  
  
  
  
  
  
  
3. What experiences do you have volunteering as a board member for other committees and/or organizations?
  
  
  
  
  
  
  
  
  
  
4. What are your prior experiences through your membership with MMCCU?

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_ The best time? \_\_\_\_\_