COASTAL COMMUNITY FEDERAL CREDIT UNION
BOARD OF DIRECTORS APPLICATION

Thank you for your interest in serving on the Board of Directors. Please complete this application and submit it to the Nominating Committee for consideration.

Applicant Information

Full Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Are you a member of Coastal Community FCU? ☐ Yes ☐ No

Length of Membership: _____

Employment and Experience

Current Employer: _____

Position/Title: _____

Briefly describe your professional experience, education, and relevant training:

_____
_____
_____

List any current or previous board, committee, volunteer, or community leadership positions:

_____
_____
_____

Indicate your areas of experience:
☐ Finance or Accounting
☐ Business Ownership or Management
☐ Strategic Planning
☐ Human Resources
☐ Legal or Regulatory Compliance
☐ Technology or Cybersecurity

☐ Risk Management
☐ Community Service
☐ Other: _____

Interest in Board Service

1. Why would you like to serve on Coastal Community FCU's Board of Directors?

2. What skills, experience, or perspectives would you contribute?

3. What do you believe should be the credit union's most important priorities?

Availability and Commitment

Are you willing and able to:

- Attend regularly scheduled board meetings and participate in committee assignments? ☐ Yes ☐ No
- Complete required orientation and ongoing education? ☐ Yes ☐ No
- Review meeting materials and prepare for board discussions? ☐ Yes ☐ No
- Maintain confidentiality and follow applicable ethics and conflict-of-interest policies? ☐ Yes ☐ No
- Act in the best interests of the credit union and its membership? ☐ Yes ☐ No

Please explain any limitations on your availability:

_____
_____
_____
_____
_____

Disclosure of Relationships and Potential Conflicts

Do you or an immediate family member have an employment, business, contractual, or other relationship with Coastal Community FCU that could create an actual or potential conflict of interest? ☐ Yes ☐ No

If yes, please describe. Disclosure does not automatically disqualify an applicant.

_____
_____
_____

Applicant Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that submission does not guarantee nomination, appointment, or election.

If selected, I agree to fulfill the responsibilities of board service and comply with applicable laws, the credit union's adopted bylaws, and its policies. I understand that eligibility will be verified under those requirements.

Applicant Signature: _____

Date: _____

Submission Instructions:

Return completed application to any **Costal Community Federal Credit branch location.**

All completed applications must be placed in the designated locked drop box at any Coastal Community Federal Credit Union branch location before 5:00p.m. on December 1, 2026.

Submission Email/Address: _____

Telephone number: _____

Submission Date: _____

Please do not include account numbers, Social Security numbers, or other sensitive financial information.

For Nominating Committee Use Only

Date Received: _____

Reviewed By: _____

Interview Date (if required): _____

Disposition/Comments: _____