



1201 Wayne Street
 Olean, NY 14760
 800.854.6052
 www.highpointfcu.com

Supervisory Committee Member Certification

Please check one:

New Candidate

Re-appointment

Name _____ Spouse Name _____

Residence Address _____

Length of Time at Address _____

Mailing Address (if different) _____

Primary Phone _____ E-Mail Address _____

Employer Name _____ Occupation _____

Employer Address _____ Title _____

Length of Employment _____ Time in Current Position _____

Work Phone _____ Work E-Mail Address _____

Community Activities/Affiliations

Briefly explain why you feel you would be an asset to the High Point FCU Supervisory Committee

By signing below, you authorize High Point Federal Credit Union to check your credit and employment history, and obtain reports from third parties, including credit reporting agencies and background checks, to verify your eligibility.

By signing below, I, _____ (printed name of candidate) do hereby certify that I am qualified to be a member of the Supervisory Committee of High Point Federal Credit Union, located at 1201 Wayne Street, Olean, NY, and if appointed, agree to abide by the legal responsibilities of a committee member, is agreeable to appointment and will serve if selected.

(Signature of candidate)

(Date)

Please email completed application to: careers@highpointfcu.com