



BOARD MEMBER APPLICATION

NAME _____ # YEARS ACUARP MEMBER _____

EMAIL ADDRESS _____

CREDIT UNION _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

POSITION / TITLE _____ # OF YEARS IN CU _____

ASSET SIZE OF CU _____ # OF MEMBERS _____

YEARS IN AUDIT _____ SIZE OF AUDIT DEPT. _____

DEGREES / MAJOR:

BACHELOR'S DEGREE _____ SCHOOL _____ MAJOR _____

MASTER'S DEGREE _____ SCHOOL _____ MAJOR _____

Ph.D. DEGREE _____ SCHOOL _____ MAJOR _____

WHAT CURRENT OR PAST POSITIONS HAVE YOU HELD IN ACUARP?

(i.e. Regional Director, Committee Member/Chair etc..)

CERTIFICATIONS HELD? (check all that apply)

☐ CPA ☐ CISA ☐ CFE ☐ CCUIA ☐ Other(s) (list) _____

☐ CIA ☐ CFSA ☐ CUCE ☐ NCCO _____

WHY DO YOU WANT TO SERVE ON ACUARP'S BOARD? (75 words maximum)

Details are subject to review by the election committee.

Submit Board Member Application to:

or

agarman@firstflorida.org

ACUARP/Elections Committee

c/o First Florida Credit Union

Angela Garman

PO Box 43310

Jacksonville, Florida 32203-3310

Questions? Contact Angela Garman at, Elections Committee Chair, at: (800) 766-4328, ext. 1246