



Associate Director Program
Application



Ph: (518) 585-6725 Fax: (518) 585-7086
1178 NYS Route 9N Ticonderoga, NY 12883

www.tfcunow.com

Request for Consideration to Serve as a TFCU Associate Director: Application
(Note: A resume that provides substantially the same information may be submitted in lieu of an application.)

You may also complete the application online at www.tfcunow.com/request-for-consideration

Name: _____

Date: _____

Address: _____

Daytime Telephone: (____) _____ Alternate Telephone: (____) _____

For you and your immediate family, please identify any personal, business or family relationship with another Board member or member of the TFCU Staff.

EDUCATION HISTORY

COLLEGE: _____

Course of Study: _____

Did you graduate? Yes No Year Graduated: _____

Diploma or Degree: _____

HIGH SCHOOL

Course of Study: _____

Did you graduate? Yes No Year Graduated: _____

Diploma or Degree: _____

OTHER

Course of Study: _____

Did you graduate? Yes No Year Graduated: _____

Diploma or Degree: _____

MEMBERSHIP IN OTHER ORGANIZATIONS (Please be sure to include any relevant credit union experience)

Name of Organization	Position Held	From – To (Mo/Yr)	Address

