

Director Nomination Form

NOMINEE:

Name
Address

I hereby agree to have my name stand as a candidate for Director of Northern Savings Credit Union.

Nominee Signature

NOMINATOR: (three required)

Candidates for Directorship must be nominated by three members of the Credit Union in good standing, and of the age of majority.

_____ Name (1)	_____ Name (2)	_____ Name (3)
_____ Signature	_____ Signature	_____ Signature
_____ Date	_____ Date	_____ Date