

Kemba
Louisville
Credit Union

Board of Directors
Member Application

Prospective Board Members are invited to submit a completed application when there is an opening to Tim Head, CEO.

Mail or hand deliveries to:

Kemba Louisville Credit Union
Attn: Tim Head
4017 Poplar Level Road
Louisville, Kentucky 40213-1523

Take advantage of our Night deposit box as well!

KEMBA LOUISVILLE CREDIT UNION

Board of Directors Application

This is an application to serve as a volunteer member on the Board of Directors for the Kemba Louisville Credit. Applications are accepted when there is an opening to fill. Kemba Louisville is a financial means for our members and their families who's stated Mission is "To strive to be our members' primary financial institution by serving them in a prompt, confidential and effective manner." Our goal is **to enhance our members' fiscal lives with competitive savings and loan products.**

It is the responsibility of the Board of Directors to monitor, oversee, and provide overall direction for **KLCU** in the furtherance of the Mission, approve the planning and selection of the Credit Union's policies, programs, and services. These responsibilities are articulated in further detail in the KLCU BYLAWS and Policies.

The Credit Union's Board and staff must be responsive to the needs of the population it serves. For the Board of Directors, this means that the Board must be comprised of members of the Credit Union and who's composition broadly reflects that of the Credit Union at large.

KLCU's BYLAWS and Policies prohibit conflict of interest by its Board and staff and no Board member shall be an employee or serve on any other financial institutions or an immediate family member of an employee.

4017 Poplar Level Road
Louisville, Kentucky 40213-1523
502-459-1411 // 800-536-2210

FEDERAL DOCUMENTATION

The information below is requested to ensure the Board maintains the composition required by the KCLU's BYLAWS and Policies.

Monthly Board of Directors Meetings occur at our office at 4017 Poplar Level Road, Louisville, Kentucky and generally scheduled for the 3rd or 4th Tuesday of each month and start at 1:30 PM. Will you be able to attend monthly meetings?

YES NO

Date of Birth (month/day/year): _____

Gender:

FEMALE MALE

Race: Check one Ethnicity: Check one

American Indian / Alaska		Hispanic/Latino	<input type="checkbox"/>	Non-Latino	<input type="checkbox"/>
Asian					
Black / African American					
Native					
Native Hawaiian					
Pacific Islander					
White					
More than one race					

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DISCLOSURE FORM

Name	Date
Address	
City	State
Kemba Louisville Credit Union Member Number:	
Director <input type="checkbox"/>	Committee Member <input type="checkbox"/>
<p>I hereby certify that I am not an employee, consultant, committee member, officer, or director of any other financial institution nor have a financial interest in such institutions which would interfere with my duties with this Credit Union.</p>	
Signature _____	Date _____

Consumer Credit Disclosure Notice

The Kemba Louisville Credit Union, as part of the procedure for processing your Supervisory Committee application, may obtain a consumer report containing background and financial information as well as other information from a credit reporting agency.

We will not obtain such a report without your signed authorization.

Signature: _____

Date: _____

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Supervisory Committee Application

General Information	
Name:	
Member Number:	
Date joined the Credit Union:	
Address:	
Home / Cell Phone Number:	
Email Address:	
Employer:	Years of Service:
If you are related to any Kemba Louisville Credit Union Staff or Board of Director, please state their name(s) and relationship(s):	

By signing below, I certify and commit to the following:

1. I certify that the information contained in this application are true and correct to the best of my knowledge and understand that any false or misleading statements or omission, whenever discovered, regarding this application is a reason for disqualification from further consideration. You have my permission to contact those listed in my relationship with Staff or Board of Directors, or employer to release information to the Kemba Louisville Credit Union and agree that there shall be no liability for issuing such information.
2. I certify that I have never been convicted of a felony or a financially-related misdemeanor and authorize the Kemba Louisville Credit Union to obtain credit and criminal reports and bond ability checks in connection with this application.

Signature

Date

DISCLOSURE FORM

Name	Date
Address	
City	State
Kemba Louisville Credit Union Member Number:	
Director <input type="checkbox"/>	Committee Member <input type="checkbox"/>
<p>I hereby certify that I am not an employee, consultant, committee member, officer, or director of any other financial institution nor have a financial interest in such institutions which would interfere with my duties with this Credit Union.</p>	
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