

Nomination Form

I wish to express my interest in volunteering on The Board of Directors / Board Oversight Committee in Altura Credit Union Ltd.

Name:	
Date of Birth:	
Member No.:	
Phone No.:	
Email Address:	
Address (Line 1)	
Address (Line 2)	
Address (Line 3)	
Address (Line 4)	

Signature:	 	
Date:		