



AGM CANDIDATE BIOGRAPHY FORM

MR. MRS. MS. LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME(S): _____

PERMANENT ADDRESS: STREET/AVENUE: _____

CITY/TOWN: _____ PARISH/STATE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

NATIONAL REGISTRATION NO: _____

OCCUPATION: _____

SKILLS/QUALIFICATIONS:

SPECIAL INTERESTS: (Comment briefly on your reason for wanting to serve)

CONTACT INFORMATION

HOME PHONE: _____ WORK PHONE: _____ CELLULAR PHONE: _____

E-MAIL ADDRESS: _____

NAME OF POLLING AGENT: _____

Credit Union Involvement: (Give a short history of involvement in the following areas):

BOARD OF DIRECTORS: _____ (yrs)

SUPERVISORY COMMITTEE: _____ (yrs)

CREDIT COMMITTEE: _____ (yrs)

OTHER: _____ (yrs)

Where possible, please supply **biography information and a digital passport-size photograph** via e-mail. Send to Ms. Rosario Maynard at rosario.maynard@bpwccul.bb

NOTE: To allow you the widest possible exposure to the voting membership, we wish to provide the members with your biographical information on our website. Kindly indicate by ticking the appropriate box below if you agree to the dissemination of your biographical information **strictly** for the purpose stated above.

I AGREE: I DO NOT AGREE: