The League of Southeastern Credit Unions Official Filing Form For Chapter Directors

To:	{Chapter Name}, LSCU		
From:		Credit Union.	
		, Nominee	
a Cred Directo	to certify that I am a member of an affiliated Credit Union official or employee of an affiliated Credit Union ors of the {Chapter Name} of LSCU. alifications for this office are as follows:		
My Cre	edit Union experience is as follows:		
My Ch	apter and/or League experience is as follows:		
Additio	onal Comments:		
	Dete		
	Date	Signature	