# AUGUSTA METRO FEDERAL CREDIT UNION

## YOUNG ADULT ADVISORY BOARD APPLICATION

Name: _____
(Last) (First) (Middle)

Home Address: _____

City:_____ State:_____ Zip:_____ County: _____

Home Phone: (_____)_____e-mail Address:_____

Employer: _____ Business Phone: (_____)_____

School Currently Attending: _____ Current GPA:_____

Major: _____ How long attended: _____

Cell Phone: (_____)_____ Age: _____

Best phone number to reach you (i.e. home phone, cell phone, etc): _____

Best time of day to reach you (please circle): AM PM

Recognizing that serving on a Board involves meeting regularly (usually once a month), are you committed to attending all regularly scheduled meetings?_____ Available to serve an entire year: _____

**Please answer the following questions (attach additional sheet of paper if needed)**

1). Please tell us why you wish to be appointed to the Young Adult Advisory Board.

2). What volunteer or extra curricular activities have you been involved in or are currently involved in? Also, please list any qualifications or special interest that could relate to this appointment.

3). Have you served in a leadership capacity and if so, what were your duties and how long was the commitment?

Augusta Metro FEDERAL CREDIT UNION

*Your town.*
*Your money.*
*Your credit union.*

Return this application with a letter of introduction to:
Augusta Metro FCU / Attention: Patti McGrath
P.O. Box 213089
Augusta, Ga. 30917
*Applicants chosen to serve on Board will be required to become a member of Augusta Metro FCU*
**Application deadline is Friday, April 11, 2008**