



STATE OF MISSOURI
DIVISION OF CREDIT UNIONS

CREDIT UNION OATH OF OFFICE
OFFICIAL ACKNOWLEDGMENT OF CORPORATE OFFICER RESPONSIBILITIES FOR FISCAL YEAR 20__

We, the undersigned, having been duly elected as officers of the Board of Directors, Credit or Supervisory Committee of the _____ Credit Union, chartered under the Laws of the State of Missouri, hereby solemnly pledge ourselves to perform our specified duties and to conform to the provisions of the Missouri Credit Union Law, our own By-Laws and all Rules and Regulations of the Division of Credit Unions. **Any change in this official roster throughout the year must be reported promptly to the Director**, Division of Credit Unions, P.O. Box 1607, Jefferson City, Missouri 65102.

PRINT OR TYPE/SIGN IN INK/CHECK (X) APPROPRIATE BOXES AS DETERMINED BY YOUR CURRENT BYLAWS

OFFICE HELD	BOARD OF DIRECTORS				PERSONAL SIGNATURE OF OFFICIAL
<input type="checkbox"/> CHAIRMAN <input type="checkbox"/> PRESIDENT	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
<input type="checkbox"/> VICE-CHMN. <input type="checkbox"/> VICE-PRES.	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
SECRETARY	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
TREASURER	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
<input type="checkbox"/> MANAGER <input type="checkbox"/> PRESIDENT	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	

BEFORE SIGNING . . . READ THE OATH AND AFFIRMATION ON OTHER SIDE

OFFICE HELD	CREDIT COMMITTEE				PERSONAL SIGNATURE OF OFFICIAL	
CHAIRMAN	NAME				SIGNATURE	
	ADDRESS			CITY	▶	
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS		
	NAME				SIGNATURE	
	ADDRESS			CITY	▶	
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS		
	NAME				SIGNATURE	
	ADDRESS			CITY	▶	
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS		
	NAME				SIGNATURE	
	ADDRESS			CITY	▶	
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS		
SUPERVISORY COMMITTEE						
CHAIRMAN	NAME				SIGNATURE	
	ADDRESS			CITY	▶	
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS		
	NAME				SIGNATURE	
	ADDRESS			CITY	▶	
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS		
	NAME				SIGNATURE	
	ADDRESS			CITY	▶	
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS		
	NAME				SIGNATURE	
	ADDRESS			CITY	▶	
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS		
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS		ON THIS	BEFORE	
				DAY OF	ME	
	NAME OF NOTARY (PRINT OR TYPE)			A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED		
	NAME OF INDIVIDUAL (PRINT OR TYPE)			KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN		
	TYPE OF DOCUMENT		AND ACKNOWLEDGE TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED			
	NOTARY PUBLIC SIGNATURE					
MY COMMISSION EXPIRES			USE RUBBER STAMP HERE ▶			