



STATE OF MISSOURI
 DIVISION OF CREDIT UNIONS
CREDIT UNION OATH OF OFFICE
OFFICIAL ACKNOWLEDGMENT OF OFFICER RESPONSIBILITIES FOR
CALENDAR YEAR 20__

We, the undersigned, having been duly elected or appointed as members 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 Chapter 370, RSMo, 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/EXECUTIVE				SIGNATURE OF OFFICIAL
CHAIR	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
VICE CHAIR	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	
	NAME				SIGNATURE
	ADDRESS			CITY	▶
	ZIP CODE	PHONE (WORK)	PHONE (HOME)	E-MAIL ADDRESS	
EXECUTIVE <input type="checkbox"/> MANAGER <input type="checkbox"/> PRESIDENT/ CEO	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 (IF APPLICABLE)	SIGNATURE OF OFFICIAL				
CHAIR	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						
CHAIR	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 EMBOSSER SEAL	STATE	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 KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN AND ACKNOWLEDGE TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED	
	NAME OF INDIVIDUAL (PRINT OR TYPE)					
	TYPE OF DOCUMENT					
	NOTARY PUBLIC SIGNATURE					
MY COMMISSION EXPIRES			USE RUBBER STAMP HERE	▶		