

Please submit completed forms to:  
[RA-BNCUSUBMISSIONS@pa.gov](mailto:RA-BNCUSUBMISSIONS@pa.gov)



Market Square Plaza | 17 N Second Street, Suite 1300 | Harrisburg, PA 17101  
 717.787.2665 | [www.dobs.pa.gov](http://www.dobs.pa.gov)

## STATEMENT OF OFFICERS AND DIRECTORS

In compliance with the requirements of the Credit Union Code 17 Pa. C.S. §706, the ensuing Statement is filed with the Pennsylvania Department of Banking and Securities.

**Credit Union Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

(check if new address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Headquarters Address:** \_\_\_\_\_ County: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Date of Annual Meeting:** \_\_\_\_\_ **Office Hours:** \_\_\_\_\_

CEO or  Manager: \_\_\_\_\_ **Email:** \_\_\_\_\_

Full Time       Part Time

### OFFICERS OF THE BOARD OF DIRECTORS

<b>President:</b>	_____
<b>Chairman:</b>	_____
<b>Vice President:</b>	_____
<b>Vice Chairman:</b>	_____
<b>Secretary:</b>	_____
<b>Treasurer:</b>	_____

### EXECUTIVE COMMITTEE (Not Less Than Three Members of the Board)

<b>Name:</b> <b>Address:</b> City:                      State:                      Zip: <b>E-mail:</b> <b>Home Phone:</b> <b>Work Phone:</b>	<b>Name:</b> <b>Address:</b> City:                      State:                      Zip: <b>E-mail:</b> <b>Home Phone:</b> <b>Work Phone:</b>	<b>Name:</b> <b>Address:</b> City:                      State:                      Zip: <b>E-mail:</b> <b>Home Phone:</b> <b>Work Phone:</b>
<b>Name:</b> <b>Address:</b> City:                      State:                      Zip: <b>E-mail:</b> <b>Home Phone:</b> <b>Work Phone:</b>	<b>Name:</b> <b>Address:</b> City:                      State:                      Zip: <b>E-mail:</b> <b>Home Phone:</b> <b>Work Phone:</b>	<b>Name:</b> <b>Address:</b> City:                      State:                      Zip: <b>E-mail:</b> <b>Home Phone:</b> <b>Work Phone:</b>

**BOARD OF DIRECTORS**

<b>Director</b>			<b>Director</b>		
<b>Name:</b>			<b>Name:</b>		
<b>Address:</b>			<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail:</b>			<b>E-mail:</b>		
<b>Home Phone:</b>			<b>Home Phone:</b>		
<b>Work Phone:</b>			<b>Work Phone:</b>		
<b>Date Elected:</b>	<b>Term Expires:</b>		<b>Date Elected:</b>	<b>Term Expires:</b>	

<b>Director</b>			<b>Director</b>		
<b>Name:</b>			<b>Name:</b>		
<b>Address:</b>			<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail:</b>			<b>E-mail:</b>		
<b>Home Phone:</b>			<b>Home Phone:</b>		
<b>Work Phone:</b>			<b>Work Phone:</b>		
<b>Date Elected:</b>	<b>Term Expires:</b>		<b>Date Elected:</b>	<b>Term Expires:</b>	

<b>Director</b>			<b>Director</b>		
<b>Name:</b>			<b>Name:</b>		
<b>Address:</b>			<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail:</b>			<b>E-mail:</b>		
<b>Home Phone:</b>			<b>Home Phone:</b>		
<b>Work Phone:</b>			<b>Work Phone:</b>		
<b>Date Elected:</b>	<b>Term Expires:</b>		<b>Date Elected:</b>	<b>Term Expires:</b>	

<b>Director</b>			<b>Director</b>		
<b>Name:</b>			<b>Name:</b>		
<b>Address:</b>			<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail:</b>			<b>E-mail:</b>		
<b>Home Phone:</b>			<b>Home Phone:</b>		
<b>Work Phone:</b>			<b>Work Phone:</b>		
<b>Date Elected:</b>	<b>Term Expires:</b>		<b>Date Elected:</b>	<b>Term Expires:</b>	

<b>Director</b>			<b>Director</b>		
<b>Name:</b>			<b>Name:</b>		
<b>Address:</b>			<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail:</b>			<b>E-mail:</b>		
<b>Home Phone:</b>			<b>Home Phone:</b>		
<b>Work Phone:</b>			<b>Work Phone:</b>		
<b>Date Elected:</b>	<b>Term Expires:</b>		<b>Date Elected:</b>	<b>Term Expires:</b>	

<b>Director</b>			<b>Director</b>		
<b>Name:</b>			<b>Name:</b>		
<b>Address:</b>			<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail:</b>			<b>E-mail:</b>		
<b>Home Phone:</b>			<b>Home Phone:</b>		
<b>Work Phone:</b>			<b>Work Phone:</b>		
<b>Date Elected:</b>	<b>Term Expires:</b>		<b>Date Elected:</b>	<b>Term Expires:</b>	

**SUPERVISORY COMMITTEE**

Supervisory Committee Member			Supervisory Committee Member		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
E-mail:			E-mail:		
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		
Date Elected:	Term Expires:		Date Elected:	Term Expires:	
Supervisory Committee Member			Supervisory Committee Member		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
E-mail:			E-mail:		
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		
Date Elected:	Term Expires:		Date Elected:	Term Expires:	
Supervisory Committee Member			Supervisory Committee Member		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
E-mail:			E-mail:		
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		
Date Elected:	Term Expires:		Date Elected:	Term Expires:	

**CREDIT COMMITTEE**

Elected     
 Appointed     
 None

Credit Committee Member			Credit Committee Member		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
E-mail:			E-mail:		
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		
Credit Committee Member			Credit Committee Member		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
E-mail:			E-mail:		
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		

**APPOINTED OFFICIALS**

Assistant Treasurer			Membership Officer		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
E-mail:			E-mail:		
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		

OFFICERS IN CHARGE OF OPERATIONS (If Employed)			
<b>President</b>		<input type="checkbox"/> CEO or <input type="checkbox"/> Manager	
<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>	<b>State:</b>	<b>City:</b>	<b>State:</b>
	<b>Zip:</b>		<b>Zip:</b>
<b>E-mail:</b>		<b>E-mail:</b>	
<b>Home Phone:</b>		<b>Home Phone:</b>	
<b>Work Phone:</b>		<b>Work Phone:</b>	
<b>Date Elected:</b>	<b>Term Expires:</b>	<b>Date Elected:</b>	<b>Term Expires:</b>
<b>Executive Vice President</b>		<b>Assistant Manager</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>	<b>State:</b>	<b>City:</b>	<b>State:</b>
	<b>Zip:</b>		<b>Zip:</b>
<b>E-mail:</b>		<b>E-mail:</b>	
<b>Home Phone:</b>		<b>Home Phone:</b>	
<b>Work Phone:</b>		<b>Work Phone:</b>	
<b>Date Elected:</b>	<b>Term Expires:</b>	<b>Date Elected:</b>	<b>Term Expires:</b>

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

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Secretary / Treasurer

**NOTE:**

The Credit Union Code requires this Statement to be filed with the Pennsylvania Department of Banking and Securities within ten (10) days after the date of election of officers and provides for a Penalty of One Hundred Dollars (\$100.00) per day of delinquency for failure to file such Statements when due.

A revised Statement is to be filed with the Department whenever a change occurs in the information embodied in the Statement.