



**ILLINOIS CREDIT UNION SYSTEM**

**CHAPTER OFFICIALS**

\_\_\_\_\_ (year of service)

**CHAPTER COMPLETED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**PHONE** \_\_\_\_\_

**IMPORTANT:** Please complete and return all pages even if you have no changes. Use only this new form for submitting Chapter Officials' names. Completed forms become a permanent part of the ICU System's Disaster Recovery records.

Please complete each Chapter official's block in full. This information will be placed in the System database and used in the ICU System's Year in Review and Directory, as well as, for Chapter communications. It is imperative that names be spelled correctly and that the information is complete and accurate. If you have a position that has not been filled by election or appointment, please indicate that the position is vacant, by writing "VACANT" next to the position name.

We need email addresses, zip codes, area codes, and credit union positions, such as board chairman, secretary, CEO, operations manager, etc. Include cell phone numbers ONLY if the Chapter official gives permission for it to be included in the System Database.

Please return by March 1 to Rick Goluszka (chapters@icul.com). If there are changes during the year, please notify your Regional Director. Thank you for taking the time to fill out and return the form.

**Credit Union Chapter dues (amount each credit union pays to chapter for dues).** \$ \_\_\_\_\_  
**Associate Credit Union Chapter dues:** \$ \_\_\_\_\_

**CHAIRMAN**

Name	_____
Credit Union Affiliation	_____
Credit Union Position	_____
Phone	Office _____
	Cell _____
E-Mail	_____

**FIRST VICE CHAIRMAN**

Name	_____
Credit Union Affiliation	_____
Credit Union Position	_____
Phone	Office _____
	Cell _____
E-Mail	_____

**TREASURER**

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

**SECRETARY**

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

**YP REPRESENTATIVE**

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

**LEGISLATIVE FORUM REPRESENTATIVE**

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

**ICU FOUNDATION REPRESENTATIVE**

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

**EDUCATION LIAISON**

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

**WEBMASTER**

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

**CHAPTER REPRESENTATIVE**

*A Chapter Representative is an official whose duties are not defined in any of the above positions.*

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

*(fill in position name)*

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

*(fill in position name)*

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

*(fill in position name)*

Name	
Credit Union Affiliation	
Credit Union Position	
Phone	Office
	Cell
E-Mail	

**LEAGUE REPRESENTATIVE/REGIONAL DIRECTOR**

Name	
Phone	Office
	Cell
E-Mail	

*\*Any additional representatives should be included on a separate sheet*