

**Cooperative Credit Union Association, Inc.  
Delegate/Alternate Delegate Certification Form**

This Form authorizes the appointment of a Delegate/Alternate Delegate for all Association member voting.

**Delegate/Alternate Delegate Appointment**

This Delegate/Alternate Delegate Certification Form must be returned to the Association to register your Delegate and/or Alternate Delegate for any voting on behalf of your credit union. This process will allow credit unions to participate in electronic advance and other voting. The appointment of an Alternate Delegate is encouraged, but not required by each member credit union.

Only the appointment of a Delegate is required. Only one vote will be cast from each eligible member credit union. In accordance with the Association's bylaws, no Delegate/Alternate Delegate Certifications will be accepted on site at any Annual Meeting or Special Meeting.

**SPECIAL NOTICE: Each Delegate/Alternate Delegate Certification received by the Association from member credit unions will be permanent until amended and effective for the next Annual or Special Meeting member voting following confirmation of receipt by the Association. Therefore, Delegates and/or Alternate Delegates appointed and confirmed will remain on record for authorized voting purposes by the Association for future voting purposes. Changes may be made at any time by returning this form to the Association with updated information and certification information.**

**Credit Union Information:**

The undersigned credit union, as a member of the Association, duly appoints one or both of the following official(s) from its credit union in the capacity as:

Delegate\*: \_\_\_\_\_ Alternate Delegate: \_\_\_\_\_

Email\*: \_\_\_\_\_ Email: \_\_\_\_\_

\*Required

**Credit Union Certification:**

By signing below, the credit union official certifies that he/she is authorized to submit the above-named Delegate/Alternate Delegate for voting purposes until changes are made in writing by the credit union.

Credit Union: \_\_\_\_\_ Name of Official: \_\_\_\_\_

Title:  Board Chairman  Board Secretary/Clerk  CEO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important: Delegate/Alternate Delegate certification(s) are not officially accepted until confirmed in writing by the Association. All information requested is required unless otherwise indicated. No incomplete filings will be accepted.**

Please return this form by email to [voting@ccua.org](mailto:voting@ccua.org), or by mail to Cooperative Credit Union Association, Inc., ATTN: Confidential Delegate/Alternate Delegate Certification, 845 Donald Lynch Blvd., Marlborough, MA 01752. Questions may be directed to [voting@ccua.org](mailto:voting@ccua.org) or by telephone at 800.842.1242 ext. 320.