

State of Connecticut
Department of Banking • Financial Institutions Division

Credit Union Officials Report (CU 50)

Credit Union Name:	Charter #:
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Mailing Address: *(Street, City, State, Zip Code)*

If credit union records are not located at the above mailing address, please provide their exact location below.

Telephone Number:	Fax Number:	Web Site <i>if available</i> :
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Days/Hours Open for Business:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Name of Manager:	Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	Annual Meeting Date:
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Work Telephones:	Chairperson	Treasurer	Supervisory Committee Chairperson
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Roster of Officials
Board of Directors

Number of Directors: _____ *Note: If extra space is needed for the board or committees, attach plain paper to the form.*

Title:	Name:	Address:
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Chairperson

Vice Chairperson

Treasurer

Secretary

Roster of Officials
Credit Committee

Number of Committee Members: _____

Title: Name: Address:

Chairperson

Secretary

Supervisory Committee

Number of Committee Members: _____

Title: Name: Address:

Chairperson

Secretary

Executive Committee

Note: complete this section only if an executive committee has been appointed in accordance with the Connecticut General Statutes.

Number of Committee Members: _____

Title: Name: Address:

Chairperson

Secretary
