



ICBA Federal Delegate Board Nominating Form

Contact Information

* 1. First name

* 2. Last name

* 3. Job title

* 4. Email address

* 5. Cell phone number

6. Date of birth

Select

Date

* 7. How many years have you been a banker? (Whole number only)

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* 8. Confirm your eligibility to serve on the Federal Delegate Board by verifying that you are an Executive Officer of a paid Active Member Bank of ICBA. (The term Executive Officer of an Active Member Bank shall be defined as set forth by the Board of Governors of the Federal Reserve in Regulation O.)

Yes

No

* 9. ICBA's general purposes and guiding principles are:

- Preserve fair competition in financial services
- Support the separation of banking and commerce
- Oppose concentration of economic and financial services resources
- Believe in a balanced financial system
- Support the dual banking system
- Create symbiotic relationships with our communities
- Favor local decision making
- Adhere to the highest business practices and ethical standards
- Support a democratically governed association where each member bank has a voice and a vote

Do you understand?

Yes, I understand.

* 10. This is a three-year term and ICBA delegates will:

- Be the official representative of the ICBA in my state or district;
- Provide liaison between my state or district and the ICBA;
- Provide liaison between the ICBA and the local Affiliate Member State Banking Association;
- Keep the ICBA informed of my Congressman or Senators' positions on community banking issues;
- Advise the ICBA of developments in my state of interest to community bankers;
- Promote membership in the ICBA within my state or district;
- Promote the ICBA's products and services and its political action committee;
- Attend all meetings of the Federal Delegate Board;
- Make every effort to work in close cooperation with the state community banker organization if there is such an organization within my state;
- Attend the state community banker convention and all meetings of the state community banker association when invited; and
- Adhere to the duties and responsibilities as stated in the ICBA Federal Delegate Board guidelines.

Do you understand?

Yes, I understand.

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* 11. Furthermore, do you understand that you are subject to removal if you fail to fulfill the above duties; accept an appointment or are elected to a leadership position that has fiduciary responsibility with a non-affiliated competing state or national financial services association; your bank should become subject to a regulatory sanction; or if any of the above information should materially change.

Do you understand?

Yes, I understand.

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Bank Information

* 12. Bank Name

* 13. Bank address

Address

City

State

ZIP Code

Phone Number

* 14. Website Address

* 15. Bank asset size

* 16. Bank market

Urban

Suburban

Rural

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* 17. What is the percent make-up of your loan portfolio? (Use whole numbers)

Consumer Loans	<input type="text"/>
Residential Loans	<input type="text"/>
Commercial Loans	<input type="text"/>
Agriculture-Rural Loans	<input type="text"/>
Other Loans	<input type="text"/>

18. If you have "other loans" as part of your portfolio, describe these types of loans further. (If not applicable, continue the form.)

* 19. Is your bank in good standing and not subject to any regulatory sanctions, such as a cease and desist order or consent order? (This information will not be included on the ballot.)

- Yes
- No

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ICBA Participation

* 20. How many years has your bank been a member of ICBA? (Whole number only)

* 21. How many ICBA LIVEs (including the 2021 ICBA Connect) have you attended in the last five years?

* 22. Which ICBA subsidiary corporation services does your bank use?

ICBA Bancard

ICBA Reinsurance

TCM Bank

None of the above

ICBA Securities

* 23. Have you served in any of the following ICBA positions?

Committee Member

ICBA Board of Directors Member

Appointed Delegate/Director

ICBA Subsidiary Corporation Board Member

Elected State Delegate/Director

None of the above

24. If you served in an ICBA position, list the ICBA committee(s) or subsidiary board(s) and your length of service. (If not applicable, continue the form.)

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Bank Affiliations

* 25. Is your bank a member of a [state community banking association affiliated with ICBA?](#)

Yes

No

26. If so, provide the name of the state community banking association and any leadership volunteer positions that you have held or currently hold. (If not applicable, continue the form.)

* 27. Is your bank a member of any other national banking association other than ICBA?

Yes

No

28. If so, provide the name of the national banking association and any leadership volunteer positions that you have held or currently hold. (If not applicable, continue the form.)

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Other Affiliations

For the following questions, you are asked to note various affiliations you may have. If a question does not apply, leave the question blank and move on to the next question.

29. If you serve as an officer, director, or agent of any business other than your bank, describe the business and the nature of your affiliation.

30. List civic organizations in which you currently serve and note if you are an officer.

31. Provide the names of any Congressional contacts you may have.

32. Is there any other information or matters which you feel are relevant regarding your ability to serve on the ICBA Federal Delegate Board? Please explain. (This information will not be included on the ballot.)

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