

**YOUR CHAPTER.
YOUR ELECTIONS.
YOUR ACSS.**



**ASSOCIATION OF
CALIFORNIA
STATE SUPERVISORS**
ACSS.org

CHAPTER ELECTIONS 2015 [OPEN NOMINATIONS]

CANDIDATE CONSENT FORM

[SUBMISSION DEADLINE: March 25th, 2015 by 5 P.M.]

Use the form below to nominate yourself or consent to a nomination for a chapter office or delegate position. By completing, signing, and submitting this form, you agree if elected to serve a full three-year term—ending in July 2018—in the office/position stated below.

Send completed and signed original form to: ACSS HQ
re: CANDIDATE CONSENT FORM
1108 O Street, Suite 400
Sacramento, CA 95814

NOTE: Send original consent forms only. **An original signature is required.** Faxes, scans, or emails will **not** be accepted.

I _____, a member in good standing of ACSS
PRINT FULL NAME

Chapter _____, _____, hereby consent to be a candidate for
CHAPTER # ACSS MEMBER # OR SOC SEC #

the office/position of _____ and will serve if
POSITION

elected. I am employed at _____, and my
DEPARTMENT

classification with the state of California is _____.
CLASSIFICATION

As an ACSS member in good standing and candidate for ACSS Corporation, Board of Directors, or chapter office I hereby acknowledge by signing below that if I am elected to any office or delegate position, I will willingly submit to my successor all books, papers, and any other property of this Corporation that may be in my possession at the close of my official term.

SIGNATURE DATE

FULL MAILING ADDRESS

HOME PHONE CELL PHONE

EMAIL