Association of
California State Supervisors
(916) 326-4257 • Fax (916) 326-4364
1108 O Street, Suite 317 • Sacramento, CA 95814

Date: _____

Chapter #: _____

Event: _____

Location: _____

Sign-in Sheet

Member Yes/No	1st Meeting Yes/No	Name *(Please PRINT Clearly)*	Department

After each meeting, please send one copy with your expense report and one to the ACSS Membership Coordinator.