

YOUR CHAPTER.
YOUR ELECTIONS.
YOUR ACSS.



ASSOCIATION OF
CALIFORNIA
STATE SUPERVISORS
ACSS.org

CHAPTER ELECTIONS 2018 [OPEN NOMINATIONS]

CANDIDATE CONSENT FORM

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 three-year term—ending in July 2021—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 the
CHAPTER # ACSS MEMBER #

office/position of _____ and will serve if elected. I
POSITION

am employed at _____, and my classification
DEPARTMENT

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, including delegates, 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