

CAREER REPRESENTATION.

POLITICAL ACTION.

MEMBER BENEFITS.



ASSOCIATION OF
CALIFORNIA
STATE SUPERVISORS
ACSS.org

CHAPTER ELECTIONS 2024 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 (2024 - 2027) in the office/position stated below.

(To nominate yourself for more than one position, you must fill out one form per position desired.)

Send completed and signed original form to:

ACSS HQ
re: CANDIDATE CONSENT FORM
3000 Advantage Way, Suite 210
Sacramento, CA 95834

NOTE: Send original consent forms only. **An original signature is required.**
A scanned copy can be emailed to: ACSS@ACSS.org or faxed to (916) 326-4364.

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

Chapter _____, _____, hereby consent to be a candidate for
CHAPTER # ACSS MEMBER # (IF KNOWN)

the office/position of _____ and will serve if
POSITION DESIRED

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, 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 _____

CITY _____

STATE _____

ZIP _____

HOME/CELL PHONE _____

WORK PHONE _____

PERSONAL EMAIL _____

WORK EMAIL _____