



Application for AACCS Officer or Director Position

Primary Info:

1. Position applied for: _____
 2. Full legal name: _____
 3. Residential Address: _____
 4. Mailing Home Address: _____
 5. Home Phone: _____ Cell: _____
 6. Email Address: _____
-

Education:

7. HS Graduate: or GED Graduate: circle post year HS education: 1 2 3 4 5 6 7

Work Experience:

8. Job Title(s): _____
Employer(s): _____

The number and titles of employees you've supervised:

9. Your name, if different from present: _____
10. Have you ever been convicted of a Felony?: Yes No

Other Experience Beneficial for the position applying for:

References (Optional):

- a. Name: _____ Phone: _____
- a. Name: _____ Phone: _____
-

Applicant's Signature:

Date

(Please return this form to Nominating and Election Committee)



OFFICIAL NOMINATION PETITION

The undersigned, “Members In Good Standing” Nominate:

Name: _____

for the office of: _____
(Print)

1. Name: _____
(Print) (Signature)

2. Name: _____
(Print) (Signature)

3. Name: _____
(Print) (Signature)

4. Name: _____
(Print) (Signature)

I, _____ ACCEPT THIS NOMINATION
(Nominee)

FOR THE OFFICE OF: _____

Signature: _____ Date: _____

(Please return this form to the Nominating And Elections Committee)