



COMMUNITY ASSOCIATIONS INSTITUTE

LAC Nominee Information Form

1. Full Name: _____
2. Gender (optional): _____
3. Association, Firm, Company, etc.: _____
4. Address: _____
5. Phone: _____ E-mail: _____
6. Membership Category: _____ CAI Membership Number: _____
7. I have been a member of CAI since: _____
8. I wish to be a (choose one) chapter delegate at-large delegate because: _____

9. My qualifications to be a LAC delegate include: _____

10. I am a member of the following professional organizations: _____

11. By signing below I acknowledge that I have read, understand, and will abide by CAI's *Public Policies* and *LAC Operational Guidelines*, and pledge that I will serve the best interests of CAI members.

Signature

Date

12. By signing below I acknowledge that I understand the legal and ethical specifications that apply to lobbying in the state and pledge that I will serve according to those specifications.

Signature

Date