

## 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 Me	embership 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 <i>Public Policies</i> an <i>LAC Operational Guidelines</i> , and pledge that I will serve the best interests of CAI members.		
	Signature D	ate	
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

Please return the completed form to the attention of the G&PA Department at government@caionline.org CAI | 6402 Arlington Boulevard, Suite 500 | Falls Church, VA 22042 | Toll Free: 888.224.4321 | www. Caionline.org