CAPITAL AREA COMMUNITY SERVICES, INC.

Board of Directors
Low-Income Consumer/Community Representative Election

2022-2024 CANDIDATE REGISTRATION FORM

All nominees for CACS's low-income consumer/community representative election must complete this registration form. The following information will be used on the ballot for the upcoming election.

Name: _____

Address: _____ _____
Street City/Town Zip Code County or Center

Home Phone: _____ Cell Phone _____ Work Phone _____

Email Address: _____

Please write a brief description about yourself and a statement of why you wish to be a volunteer Consumer/Low-Income Representative on CACS's Board of Directors. This information will be used on a Ballot Form to be distributed to all eligible voters. Please feel free to use the other side of this form, if you need additional space.

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Signature: _____ Date: _____

Please submit this form to:

Capital Area Community Services, Inc.
Board Candidate Registration
(ADDRESS TO YOUR LOCAL CACS SERVICE CENTER)

NO LATER THAN ONE WEEK PRIOR TO ELECTION