



COMMUNITY ASSOCIATIONS INSTITUTE

LAC Nominee Information Form

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

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

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

12. 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

13. 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 or you may also fax to 703.970.9558

CAI | 6402 Arlington Boulevard, Suite 500 | Falls Church, VA 22042 | Toll Free: 888.224.4321 | www.Caionline.org