

# COMMUNITY ASSOCIATIONS INSTITUTE

## LAC Nominee Information Form

1. Name: \_\_\_\_\_
2. Title: \_\_\_\_\_
3. Association, Firm, Company, etc.: \_\_\_\_\_
4. Address: \_\_\_\_\_  
\_\_\_\_\_
5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
6. Membership Category: \_\_\_\_\_ CAI Membership Number: \_\_\_\_\_
7. I have been a member of CAI since: \_\_\_\_\_
8. I wish to be a LAC (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.
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 of CAI at 6402 Arlington Blvd., Suite 500, Falls Church, VA 22042. You may also return this via fax to 703.970.9558 or 703.970.9351.