



**CAPS Nominating Petition 2019**  
**CAPS BOARD OF DIRECTORS' ELECTIONS**

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Candidate's Printed Name Signature

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Office Sought

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State Department State Classification

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Home Phone Work Phone

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Personal Email Work Email

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Home Address City Zip

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Work Address City Zip

**TEN NOMINATION SIGNATURES REQUIRED**  
*(MUST BE FULL CAPS MEMBERS – Please write **LEGIBLY**)*

PRINTED NAME	SIGNATURE	CLASS	DEPT	WORK EMAIL
		TITLE		

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