

CAPS Nominating Petition 2023 CAPS BOARD OF DIRECTORS' ELECTIONS

Candidate's Printed Name		Signature				
		Office S	Sought	·		
State Department		Sta	ate Classi			
Home Phone	Work Phone					
Personal Email	Work Email					
Home Address		City			Zip	
Work Address	TEN NOMINA	City ATION SIG E DUES-PAYI			Zip ED	
PRINTED NAME	SIGNATURE	LAST 4	CLASS TITLE	DEPT	WORK EMAIL	
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*This information will ONLY be used to identify you and will not a be otherwise shared or used.