

CAPS Nominating Petition 2023 CAPS BOARD OF DIRECTORS' ELECTIONS

Candidate's Printed Name		Signature		
Office Sought				
State Department	State Classification			
Home Phone	Work Phone			
Personal Email	Work Email			
Home Address	City			Zip
Work Address	City N NOMINATION SI			Zip
PRINTED NAME SIG	(MUST BE DUES-PAY GNATURE LAST 4		MBERS) DEPT	WORK EMAIL
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<u>12.</u> 13.				
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*This information will ONLY be used to identify you and will not a be otherwise shared or used.