

Application for Candidacy
ACL BOARD OF DIRECTORS ELECTION
April 2009

I, _____, hereby submit my name to be considered
(Please print)
as a candidate for the ACLPOA Board of Directors.

This application must be received at the ACL office no later than October 1, 2008.

Mailing address:

Street

City State Zip

ACL address (if different) email address

Home phone Work phone Cell

Are you bondable? Yes No

Please mark one box below:
 I am applying for a 3 year term
 I am applying for a 1 year term

Upon receipt of this application a questionnaire will be sent to you.

Thank You,
ACL Nominating Committee

Return Form to:

ACLPOA
Attn: Nominating Committee
14A157 Canyon Club Drive,
Apple River, IL 61001

FAX: 815-492-2160
Attn: Nominating Committee