

**Application for Candidacy**  
**ACL BOARD OF DIRECTORS ANNUAL ELECTION**

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 the Monday following the January Board meeting.

Mailing address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
ACL address (if different) email address

\_\_\_\_\_  
Home phone Work phone Cell

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  
Email: [adminassistant@applecanyonlake.org](mailto:adminassistant@applecanyonlake.org)

For Office Use Only: \_\_\_\_\_  
Date Received Received By