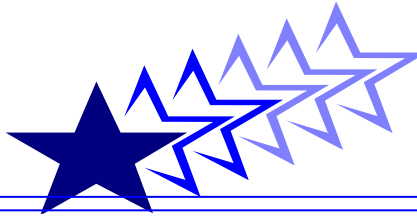


acsa



Region 2

Association of California School Administrators

Application for Region Council/Committee Representative Position*
(*Must be a member of state ACSA)

Your Name: _____	Your Charter: _____
School/District (worksite): _____ District Superintendent: _____	Position: _____
Please check the appropriate box for affirmative action: _____ Male ___ Female ___ African/American ___ Asian ___ Caucasian ___ Eskimo-American ___ Filipino ___ Latino ___ Pacific Islander	
Address: _____ City, zip: _____	Phone: (_____) _____ Fax: (_____) _____ Email: _____
Committee or Council: _____	
Using the space provided and/or by attaching an additional page, provide a written description of the: Reason you would like to serve in this position: 	
Indicate your professional experience that would make you an excellent candidate for this position (must attach resume and/or vita): 	
___ I commit to make every Council/Committee meeting or arrange to send an alternate.	
Signed: _____	Date submitted: _____

Please return to:
David Swart, Region President, PO Box 1841, Oroville 95965

P.O. Box 1841, Oroville, California 95965 – Phone: 916-206-8103