

2019/20 DELEGATES

REGION _____

(If your region has more than three – other than the President, President Elect and VP for Legislative Action)

DELEGATE - 4

Name: _____ Social Security # _____

Title: _____ District: _____

School: _____

Address: _____

City/State/Zip: _____

Home Address: _____

Work phone: _____ Work Fax Number: _____

Home phone: _____ E-mail Address _____

Please check the appropriate box for affirmative action: Male Female

African/American Asian Caucasian Eskimo-American Pacific-Islander

Latino Filipino

DELEGATE - 5

Name: _____ Social Security # _____

Title: _____ District: _____

School: _____

Address: _____

City/State/Zip: _____

Home Address: _____

Work phone: _____ Work Fax Number: _____

Home phone: _____ E-mail Address _____

Please check the appropriate box for affirmative action: Male Female

African/American Asian Caucasian Eskimo-American Pacific-Islander

Latino Filipino

Fax or mail to: Adelita Dizdarevic, Governance Assistant

2019/20 DELEGATES

ACSA- E-Mail adizdarevic@acsa.org

1029 J Street, Suite 500

Sacramento, CA 95814

DELEGATE - 6

REGION _____

Name: _____ Social Security # _____

Title: _____ District: _____

School: _____

Address: _____

City/State/Zip: _____

Home Address: _____

Work phone: _____ Work Fax Number: _____

Home phone: _____ E-mail Address _____

Please check the appropriate box for affirmative action: Male Female

African/American Asian Caucasian Eskimo-American Pacific-Islander

Latino Filipino

DELEGATE -7

Name: _____ Social Security # _____

Title: _____ District: _____

School: _____

Address: _____

City/State/Zip: _____

Home Address: _____

Work phone: _____ Work Fax Number: _____

Home phone: _____ E-mail Address _____

Please check the appropriate box for affirmative action: Male Female

African/American Asian Caucasian Eskimo-American Pacific-Islander

Latino Filipino

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