

**ACSA COMMITTEE MEMBER RECOMMENDATION FORM**  
**For the Member Services Committee**

**Purpose of Committee:** To recruit, retain and recognize members. To identify trends and issues with membership categories that may require changes or adjustments. To support and help grow ACSA's Partner4Purpose program in order to further meet the needs of members. To monitor and ensure that region and charter bylaws align with state ACSA bylaws and that region and charters are in compliance with these regulations.

**Responsibilities of Committee Members:**

- Represent the ACSA members throughout regions by sharing salient points, gathering information to share at committee meetings and maintaining an accurate list of members and non-members to the greatest degree possible.
- Attend at least (3) committee meetings

**Ability to:**

- Have the authority to represent the membership in their respective regions, bringing issues before the committee and returning to the regions to share salient points and/or gather additional needed input for the committee to discuss
- Members must have the ability to gather member data and facilitate the dissemination of committee information

**Experience:**

- Members should have an understanding of the services available to ACSA members. Although not required, the members should have been a member of State ACSA for at least one full year prior to service on the committee.
- It would be helpful for members to have had experience with the use of the ACSA services and who have an interest in using creative problem-solving strategies which will assist in the development of services to members and maintain and recruit ACSA membership

**Committee Member Being Replaced:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**Committee Member Recommended:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Title \_\_\_\_\_ District \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Superintendent of District \_\_\_\_\_

Superintendent's Address \_\_\_\_\_

Nominee's previous ACSA State, Regional or Charter activities: \_\_\_\_\_

\*Please be sure to check the appropriate box for affirmative action:

Male  Female

African/American

Asian

Caucasian

Eskimo – American Indian

Filipino

Latino

Pacific Islander

**Special Instructions:**

- Before you return this form, **check to be sure the person recommended is an ACSA member.** You are welcome to contact the ACSA Membership Department at (650) 692-4300 if you are unsure.
- Be sure that you **do not recommend any member who has already served a full three year term.**
- Members may serve on only one ACSA State Committee at a time.

REGION: \_\_\_\_\_ REGION PRESIDENT: \_\_\_\_\_

Date: \_\_\_\_\_

**Return completed forms to: Adelita Dizdarevic, Governance Assistant**  
 ACSA, 1029 J Street, Suite 500, Sacramento, CA 95814