

**ACSA COUNCIL MEMBER RECOMMENDATION FORM**

**For the Business Services Council**

**Purpose of Council:** To identify and study issues relating to administrators who work in the area of business services. To promote membership in ACSA by school business officials by enhancing the position and skills of business officials through workshops and conferences. To maintain liaison with other ACSA committees, affiliated organizations, the State Department of Education, and other educational agencies. To serve as a quick response team.

**Responsibilities of Council Members**

- ◆ As a new member, attend orientation meeting.
- ◆ Contribute to projects undertaken by the council.
- ◆ Provide verbal report at each council meeting on school business issues and activities in council member's region; submit written summary at end of year.
- ◆ Attend three regular annual council meetings.
- ◆ Attend and actively participate in council sponsored professional development activities: CASBO/ACSA conferences, Business Academies.
- ◆ Provide leadership to other school business professionals in his/her region.
- ◆ Communicate council activities and information to school business professionals in council member's region.

**Ability to:**

- ◆ Organize time and workload to incorporate Council activities.
- ◆ Communicate effectively.

**Experience:**

The most effective council member would be in a position directly related to school business responsibilities; or an administrator aspiring to move into school business administration.

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

**One Box must be selected**

**Council Member Selected**

**Council Member Elected**

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/Council at a time.

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

DATE \_\_\_\_\_

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