

ACSA COMMITTEE MEMBER RECOMMENDATION FORM

For the Retirement Committee

Purpose of Committee: To provide leadership, direction, clarification, and understanding of the California State Teachers' Retirement System and California Public Employees' Retirement System to all ACSA members. To actively work with other members of the retirement coalition to protect and enhance the benefits of the California State Teachers' Retirement System and the California Public Employees' Retirement System. To investigate and promote legislation that positively impacts and affects members of both systems. To encourage the continued participation, involvement and service of retired ACSA members in the cause of improving the benefits of the California State Teachers' Retirement System and the California Public Employees' Retirement System.

Responsibilities of committee members:

- Provide leadership at the region level for the region level committee
- Disseminate information from committee meetings to retirement leaders at the region level
- Contribute articles, when called upon, to region Newsletters
- Attend three state committee meetings.
- Serve as a representative for the Retirement Committee on other related committees with other organizations.
- Initiate discussions at state committee level about regional issues which have statewide impact.

Ability to:

- Dedicate time to Retirement Committee in addition to regular work responsibilities, if applicable.

Experience:

- Serve as a Retirement Committee representative on CalSTRS client advisory, other STRS committees.
- Help plan retirement sessions at Annual Conference.
- Attend a lobby day at State Capitol, when applicable.

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: Lori Allred, Executive Assistant
ACSA, 1029 J Street, Suite 500, Sacramento, CA 95814