

CALIF ORNIA STATE RETIREES

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CANDIDATE CONSENT STATEMENT

PLEASE PRINT FULL NAME AS IT IS TO APPEAR ON THE BALLOT

I, _____, self-nominate and/or consent to be a

Candidate for the office(s) of _____ /Delegate

Name Chapter No: Last 4 SS# or Member ID #

Address: City: Zip Code:

Telephone No: E-mail:

Candidates may submit a brief, factual, biographical statement of no more than 200 words regarding their qualifications. Such biographical statements must be received in the Corporate Office by November 15 to be distributed with the ballot. Specifics on candidate statements will be provided to candidates upon nomination acceptance. The contents of these statements must be in accordance with approved guidelines.

Signature:

Date: