



**COMMUNITY ASSOCIATIONS INSTITUTE**

**LAC Nominee Information Form**

1. Full Name: \_\_\_\_\_
2. Association, Firm, Company, etc.: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Membership Category: \_\_\_\_\_ CAI Membership Number: \_\_\_\_\_
6. I have been a member of CAI since: \_\_\_\_\_
7. I wish to be a (choose one)  chapter delegate  at-large delegate because: \_\_\_\_\_  
\_\_\_\_\_
8. My qualifications to be a LAC delegate include: \_\_\_\_\_  
\_\_\_\_\_
9. I am a member of the following professional organizations: \_\_\_\_\_  
\_\_\_\_\_
10. By signing below I acknowledge that I have read, understand, and will abide by CAI's *Public Policies* and *LAC Operational Guidelines*, and pledge that I will serve the best interests of CAI members.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

11. By signing below I acknowledge that I understand the legal and ethical specifications that apply to lobbying in the state and pledge that I will serve according to those specifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return the completed form to the attention of the G&PA Department at [government@caionline.org](mailto:government@caionline.org) or you may also fax to 703.970.9558**

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Toll Free: 888.224.4321 | [www.caionline.org](http://www.caionline.org)