

COLORADO ASSOCIATION OF LEGAL SUPPORT STAFF

ACCEPTANCE FORM

I accept the nomination for the office of _____ and
certify that I am a member in good standing of this Association.

Signature of Nominee

Date

Address

Telephone

SEND COMPLETED FORMS TO ONE OF THE MEMBERS OF THE NOMINATIONS
COMMITTEE AND TO CALSS SECRETARY NO LATER THAN JULY 1, 2010 (per
Bylaws).

Nominating Committee Members

CALSS Secretary

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