



Association of Correctional  
Food Service Affiliates

# Chapter Election Ballot Request

Chapter: \_\_\_\_\_

## Ballot information:

\*Biographies included? Yes No

Ballot mail date to chapter members: \_\_\_\_\_

Deadline/postmarked date for accepting ballots: \_\_\_\_\_

Date elected officer's terms start: \_\_\_\_\_

## Approval information:

Who approves the sample ballot prior to mailing?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Note: A sample ballot is attached for your reference.**

*\*We cannot print any bios unless we have one for each candidate. It is the chapter's responsibility to obtain all bios and forward them to ACFSA with this form.*

## **Board position and nominee information:**

*\*Please print additional copies of this page if necessary to list all candidates*

<p><b><u>Candidate</u></b></p> <p><b>Board position running for:</b> _____</p> <p><b>Term:</b></p> <p>Start date _____ End date _____</p> <p><b>Full name and designations:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Facility/Company:</b> _____</p> <p><b>City:</b> _____ <b>State:</b> _____</p>
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<p><b><u>Candidate</u></b></p> <p><b>Board position running for:</b> _____</p> <p><b>Term:</b></p> <p>Start date _____ End date _____</p> <p><b>Full name and designations:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Facility/Company:</b> _____</p> <p><b>City:</b> _____ <b>State:</b> _____</p>
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