



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*

### **Candidate**

**Board position running for:** \_\_\_\_\_

**Term:**

Start date \_\_\_\_\_ End date \_\_\_\_\_

**Full name and designations:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Facility/Company:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

### **Candidate**

**Board position running for:** \_\_\_\_\_

**Term:**

Start date \_\_\_\_\_ End date \_\_\_\_\_

**Full name and designations:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Facility/Company:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_