



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:** _____