



Association of Correctional
Food Service Affiliates

Chapter Board Nomination Form

Chapter: _____

Which office is this application for?

President President-elect Secretary Treasurer Other _____

Candidate's name: _____

Candidate's title: _____

Agency/Institution address:

Work phone: _____

Home phone: _____

Fax: _____

Email address: _____

Currently an ACFSA member in good standing: Yes No

*I have read the job description for which I am applying, and I am willing to
accept these responsibilities upon election.*

Candidate's signature: _____

Today's date: _____