

Candidate name:

The Western Association for College Admission Counseling

CANDIDATE SUPERVISOR APPROVAL FORM 2017 - 18

The leadership and membership of WACAC appreciate the support that an institution or organization will be giving to those who serve our over 2,000 members in elected and appointed positions. Our organization aims to be the leading voice in college access issue in California and Nevada. The strength of our organization lies in the passion and commitment of our volunteers.

Title:		Organization:
Address:		
Office Phone:		Cell Phone:
email address:		
The candidate is seeking nomina	ation for:	
	[] WACAC President	WACAC Secretary
in May/June 2020. Costs relative Fiscal Policy Committee. The cap position with his/her supervisor.	e to this person's service will be ndidate is responsible for review . All who serve as President or A	AC on June 14, 2017 and would complete his/her service paid by WACAC, under policies outlined by the WACAC ving the job description and requirements for the assembly Delegate must be voting members of WACAC. The Secretary and Treasurer must be voting members of wacac.
-	ities of this position and give my nate in all required meetings and	v institution's full support for him/her to run for this d activities.
Supervisor signature:		
Supervisor Name:		Date: