

CALIF ORNIA STATE RETIREES

1108 O St., Suite 300 • Sacramento, CA 95814 • (916) 326-4292 • (888) 808-7197 • www.calretirees.org

CANDIDATE CONSENT STATEMENT FORM

PLEASE PRINT NAME AS IT IS TO APPEAR ON THE BALLOT

I, _____, _____,
(Print Name) (Chapter)

hereby consent to be a candidate for the chapter office(s) of _____
_____, and if my eligibility is verified, I
hereby affirm my willingness to be a candidate and to serve if elected; and I affirm
my willingness to serve by (1) Attending Chapter and Chapter Executive Board
meetings unless excused by the chapter president, (2) Abiding by the Bylaws and
Governing Rules of California State Retirees (CSR) as well as the CSEA Bylaws and
Policies, and (3) Attending sessions of the Delegate Assembly and General Council
unless excused by the Corporate President. I understand failure to abide by these
provisions will result in my removal from office.

Dated _____ Signed _____

Phone _____ Address _____

(Last 4 Social Security No.)

(City)

(State)

(Zip)

E-mail