

Name of Candidate: \_\_\_\_\_

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ ACWA Region: \_\_\_\_\_ County: \_\_\_\_\_

**Agency Function(s):** (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Wholesale          | <input type="checkbox"/> Sewage Treatment       | <input type="checkbox"/> Flood Control                          |
| <input type="checkbox"/> Urban Water Supply | <input type="checkbox"/> Retailer               | <input type="checkbox"/> Groundwater Management / Replenishment |
| <input type="checkbox"/> Ag Water Supply    | <input type="checkbox"/> Wastewater Reclamation | <input type="checkbox"/> Other: _____                           |

**Describe your ACWA-related activities that help qualify you for this office:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In the space provided, please write or attach a brief, half-page bio summarizing the experience and qualifications that make you a viable candidate for ACWA Region leadership. Please include the number of years you have served in your current agency position, the number of years you have been involved in water issues and in what capacity you have been involved in the water community.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I acknowledge that the role of a region board member is to actively participate on the Region Board during my term, including attending region board and membership meetings, participating on region conference calls, participating in ACWA's Outreach Program, as well as other ACWA functions to set an example of commitment to the region and the association.*

*I hereby submit my name for consideration by the Nominating Committee.  
(Please attach a copy of your agency's resolution of support/sponsorship for your candidacy.)*

\_\_\_\_\_  
Signature Title Date

Submit completed form to Ana Torres [anat@acwa.com](mailto:anat@acwa.com).