

**YOUR VOICE  
YOUR VOTE**

# **Program Board Member Election Nominations Now Open!**

**CCAPP**

**NOMINATION FOR ELECTION of CATEGORY B / PROGRAM MEMBERS  
TO THE BOARD OF DIRECTORS**

## **How the Election Works**

CCAPP's election of members to the board of directors begins September 15, 2021, with an open nomination process. The election voting period will begin on November 14, 2021, and will end on December 15, 2021.

Every year there will be SEPARATE elections for three Program Board Members (and for three Individual Member Board Members). CCAPP Member Programs' Authorized Representatives participate only in the election for Program Board Members. (CCAPP Member Counselors participate only in the election for Individual Member Board Members.)

## **Nomination Process**

There are two (2) ways in which a person who is the Authorized Representative of a CCAPP Program Member may be nominated:

1. Any CCAPP Program's Authorized Representative may nominate another CCAPP Program's Authorized Representative Member from anywhere in California;
2. Any CCAPP Program's Authorized Representative may nominate him/herself.

All nominations must be received in the CCAPP office NO LATER than close of business October 15, 2021. NO EXCEPTIONS!

If you have any questions about this nomination or election process, please email [admin@ccapp.us](mailto:admin@ccapp.us).

To nominate someone to the CCAPP Board, simply fill out the attached nomination form and submit it to CCAPP via the instructions on the submission form.



# Program Board Member Election Nominations Now Open!

## CCAPP Board of Directors Nomination Form Category B: Program Board Member August 2021

Nomination forms must be received in the CCAPP office no later than the close of business on October 15, 2021. To nominate a program member, you must be the voting representative of the program that is completing the nomination to the CCAPP Board.

I, (your name) \_\_\_\_\_

hereby nominate (name of nominee) \_\_\_\_\_

to run for election to the CCAPP Board of Directors as a Program Director..

Your program name is: \_\_\_\_\_  
(Must be a CCAPP Program Member)

Nominee's program name is: \_\_\_\_\_  
(Must be a CCAPP Program Member)

Date: \_\_\_\_\_

Please submit the nominations by one of the following (you must use this form):

mail: CCAPP  
Post Office Box 214127  
Sacramento, CA 95821

fax: 916-338-9468

email: [admin@ccapp.us](mailto:admin@ccapp.us)  
(please scan or photograph)