



Nomination Form

Charles H. Nesbitt, Jr., President
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Phone: (518) 465-1473 Fax: (518) 465-0506

This NYSAC Standing Committee Nomination should be completed and sent to the NYSAC offices. Please indicate **ONE** committee you are interested in serving on from the following list:

| | | |
|--|--|---|
| <input type="radio"/> Agriculture & Rural Affairs | <input type="radio"/> Medicaid & Human Services | <input type="radio"/> Taxation & Finance |
| <input type="radio"/> Children w/ Special Needs | <input type="radio"/> Public Employee Relations | <input type="radio"/> Transportation & Public Works |
| <input type="radio"/> Public Safety | <input type="radio"/> Public Health & Mental Health | |
| <input type="radio"/> Native American Affairs & Gaming | <input type="radio"/> Economic Development, Environmental & Energy | |
| <input type="radio"/> Intergovernmental Affairs & General Government | | |

- Mr.
- Ms.
- Mrs.

| First Name | Last Name | Suffix |
|---|---|---|
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

Job Title

County

Address

| City | State | Zip |
|---|---|---|
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

| Phone Number | Ext. | Fax |
|---|---|---|
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

E-Mail Address

1. If an elected official, what is the date your term expires? / (MM/YYYY)
2. How long have you held this office? (years)
3. Political Affiliation: Democrat Republican Independent Other _____
4. Are you reasonably free to travel? Yes No 5. Have you ever served on a NYSAC Standing Committee? Yes No

Print Name: _____ Date: _____

Sign Name: _____