



2023-2024 Standing Committee Nomination Form

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

- | | |
|---|---|
| <input type="checkbox"/> Agriculture & Rural Affairs | <input type="checkbox"/> Medicaid & Human Services |
| <input type="checkbox"/> Children w/ Special Needs | <input type="checkbox"/> Native American Affairs & Gaming |
| <input type="checkbox"/> Climate Action | <input type="checkbox"/> Public Health & Mental Health |
| <input type="checkbox"/> Intergovernmental Relations, General
Government & Public Employee Relations | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> NYSAC IT Task Force | <input type="checkbox"/> Taxation & Finance |
| | <input type="checkbox"/> Transportation & Public Work |

First Name: _____ Last Name: _____ Suffix: _____

Job Title: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Ext.: _____ Fax: _____

E-Mail Address: _____

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

Print Name: _____ Date: _____

Sign Name: _____