

Director Consent Form

I hereby agree that my name be placed in nomination for possible election to the ACHA Board of Directors. If elected, I agree to attend the meetings of the ACHA Board of Directors. I am a member of the ACHA in good standing.

Name: _____

Signed: _____

Address: _____

Membership No: _____

This form must be received in the ACHA office no later than
November 15, 2018

Fax: 979-251-9987

Email: achacutting@yahoo.com

Or mail: ACHA P O Box 2443 Brenham, Texas 77834