

## 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 1, 2017

Fax: 979-251-9971

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