

## 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 #: \_\_\_\_\_

This form must be received in the ACHA office no later than October 31, 2024

Email: [achacutting@yahoo.com](mailto:achacutting@yahoo.com)

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

Qualifications for Director:

1. Be a member of the ACHA for a period of time to be set by the Board.
2. Be at least 21 years of age.
3. Agree to attend Directors' meetings as required.
4. Must not have a felony conviction of record.