

## ASSP Colorado Chapter Officer Nomination Form

CANDIDATE PROFILE: Each candidate for office shall sign the following acceptance statement and have employer acknowledgement.

	DO HEREBY ACCEPT THE NOMINATION FOR THE OFFICE					
OF DUTIES AND RESPONSIBILT			IED, AGRE	E TO FULF	ILL I HE	
Candidate's Signature	Date	Supervis	Supervisor's Signature Date			
Additionally, please supply th Newsletter and/or other com	munications	relating to this	election:			
1. Membership Status: Profe						
2. Registrations/Certifications						
3. Employer: How Long?				g?		
Position:						
4. Education: (Degree/Univer	sity)					
5. ASSP Office(s) Held: (Chap	oter/Regiona	al/National)				
6. ASSP Committee(s) Served	d On: (Chapt	ter/Regional/Na	ational)			
7. Safety/Loss Prevention Ex	perience:	_yrs.				
8. Other Safety Related Activi sheet)	ties: (If addi	itional space is	needed, pl	ease attach	n separate	
Email the following 4 items This completed form		ls at brianpals@	@comcast	.net		

- A recent picture to be used for publication to announce your nomination
- Brief biography to be used for publication to announce your nomination
- A platform statement

ASSP Colorado Chapter	
Chapter N & E Chair 2018 – Brian Pals	
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