

Officer Acceptance Form

ABATE of Indiana Officer Acceptance Form

1 I, _____ (legal, full name), agree to hold the office of (check one)

- Region Director
 Assistant Region Director
 Region Secretary
 Region Treasurer
 Region LINC Rep
 County Representative
 Assistant County Rep
 County Secretary
 County Treasurer
 County LINC Rep

In the Region or County of _____

From (date) _____ to (date) _____.

My membership ID number is _____.

My expiration date is _____. *Your membership must be current in order to be an officer!*

2 I Was: Elected Appointed

I was appointed by _____

Date _____

3 If, at any time, for any reason, I cannot complete this term of office, I agree to surrender all ABATE paperwork, materials and property to another officer immediately.

4 I have read the by-laws of ABATE of Indiana, Inc. I understand them, and agree to uphold and abide by them.

5 If I do not abide by the by-laws of ABATE of Indiana, Inc., I understand I may be removed from office with proper notification, and I understand I may appeal such action taken against me.

6 I agree to maintain active membership in good standing with ABATE of Indiana.

7 I understand that although I am an officer in the organization, I do not have the authority to represent any official position or opinion for ABATE of Indiana without first receiving direct approval from my region director as specified in the protocol for "spokesperson" as determined by the board of directors.

Signed _____

Date _____

Voter's Registration # _____
(or copy of card/form)

Witness _____

Date _____

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