

# 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 \_\_\_\_\_

Email (please provide complete address) \_\_\_\_\_

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

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