CJAA OFFICER APPLICATION – DUE MAY 15, 2018

Name:	Age as of Jan	n. 1, 2018:	Birthdate:
Address:	City:	ST:	Zip:
Number of Years in CJAA:	Telephone:	Email:	
Previous CJAA offices held a	and committees served o	n:	
	e year. CJAA, preside at all meeti all committees not otherv	ings, fill by appoint	ment all temporary
	le in the absence of the Pre all elections and overse	-	
Secretary: Keep roll o conduct all corresponde	of all members with their and the conce of the CJAA.	addresses, record al	l the proceedings and
	ccurate record of all receive membership, give report to the office.	_	
CAA Black Bulletin, w	e for publicizing CJAA mebsite and other publication at can be entered in the N	ons. Encouraged to	keep a scrapbook of
executive board. They	lected) Assist the officer will serve in a capacity the ctors shall be members, 1 f CJAA membership.	nat enables them to	gain leadership
Why do you want to be an off	ficer or director of the C	CJAA? What will	you contribute?
If elected, will you carry out al	l of the duties expected o	f your office and at	tend meetings?
Your Signature:		Date:	