

California Association of Clerks and Election Officials

2016/17 Member Successor Form

Please return one completed form for each successor

Return this form by mail, email, or FAX to: Gail L. Pellerin

CACEO Membership 701 Ocean St., Room 210 Santa Cruz, CA 95060 831-454-2445 (FAX)

gail.pellerin@santacruzcounty.us

When a paid member vacates their position, the successor shall be entitled to all rights and privileges accorded to his or her predecessor with no payment of dues required for the remainder of that fiscal year. Paid membership is valid from July 1, 2016 through June 30, 2017.

Name of Person who Va	acated Membersh	nip:		
Membership Level (che	ck one box):	☐ Principal	☐ Deputy	☐ Associate
Successor Name:				
lob Title:				
County/City/Agency:				
Department:				
Business Address:				
	Address		City	Zip
Mailing Address:	Address		City	Zip
Public Phone Number:			_ FAX:	
Private Phone Number:			Website:	
E-Mail —Required for a	ccess to CACEO w	vebsite:		
Check all that apply:	County Cle	rk 🗖 Elections	☐ Clerk of the Board	☐ City Clerk

Thank you!