



# 2022 Council of Delegates Candidate Application

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## Purpose

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Pursuant to the most recent ACA International Census, each of these constituencies is entitled to elected Council of Delegates representation on the following basis:

- **Affiliate Division:** 2 elected delegates
- **Attorney Division:** 1 elected delegate
- **Creditor Division:** 2 elected delegates
- **International Division:** 1 elected delegate per each of the following 5 regions: Africa/Europe; Asia/Middle East; Australia/New Zealand; Canada; Latin America/Caribbean

The 2022 delegate term year will end 12:00 a.m. Central Standard Time on July 21, 2022.

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## Candidate Information

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Candidate Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

ACA Member Number (if known) \_\_\_\_\_

Phone (business) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

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## Delegate Qualifications

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You **must check all of the following** for your application to be considered.

- I am, or I am employed by, an ACA International member in good standing.
- I am a natural person and eighteen (18) years of age or older.
- I have demonstrated active involvement with the Association.
- I have no conflicts of interest.

*qualifications continue on next page*

**Check Only One:**

- I am applying to serve as a Council Delegate representing **Affiliate Division** members; I am an owner, member, officer, or management level employee of the above-named Affiliate member company.
- I am applying to serve as a Council Delegate representing **Creditor Division** members; I am a sole proprietor or an owner, member, officer, or management level employee of the above-named Company.
- I am applying to serve as a Council Delegate representing **Attorney Division** members; I am a sole proprietor or an owner, member, officer, or management level employee of the above-named law firm.
- I am applying to serve as a Council Delegate representing the following **International Division Region**; I am a sole proprietor or an owner, member, officer, or management level employee of the above-named Company:

**(Check Only One)**

- Africa/Europe       Asia/Middle East       Australia/New Zealand       Canada       Latin America/Caribbean
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## Statement of Interest

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Briefly describe who you are and why you would like to serve on the Council of Delegates. Consider including a biographical sentence or two and information about current or previous involvement with ACA and your Division. Links to candidates' statements will be provided for Division members to review before voting. *NOTE: Limit is 300 words. ACA is NOT responsible for editing your response. If you prefer, send in a separate document accompanying your application form.*

I reaffirm my interest in being considered for service on the ACA International Council of Delegates. I acknowledge I may not simultaneously serve on the ACA Board of Directors and on the Council of Delegates.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Completing the Application

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1. Return your completed application, with signature to [corporate.secretary@acainternational.org](mailto:corporate.secretary@acainternational.org). An electronic signature is permitted by using the following format in the signature line: /John Smith/.
2. If you have any questions, please contact the ACA Corporate Secretary at [corporate.secretary@acainternational.org](mailto:corporate.secretary@acainternational.org).
3. The ACA Corporate Secretary must receive your completed application by March 4, 2022