ACA® INTERNATIONAL
The Association of Credit and Collection Professionals

2026 Council of Delegates Candidate Application

Purpose

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:** 3 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 2026 delegate term year will end 12:00 a.m. Central Standard Time on July 24, 2026.

Candidate Information

Candidate Name _____

Company Name _____

Company Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

ACA Member Number (if known) _____

Phone (business) _____ Phone (cell) _____

Fax _____ Email _____

Delegate Qualifications

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

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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

Statement of Interest

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 1,440 characters. 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 _____

Completing the Application

1. Return your completed application with signature to 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.
3. The ACA Corporate Secretary must receive your completed application by March 2, 2026.

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