

Board Candidacy Application

First Name:	Last Name:			
Address:	City, State, Zip:			
Phone:	Cell Phone:			
CSA Member since:	Lodge:			
Region:	Incumbent:	□ YES	□NO	
I was: □ elected □ appointed to my first term in	□ elected □ appointed to my first term in the year		ved	_ terms.
High School attended:		City, State: _		
College/University attended:		Degree:		
College/University attended:		Degree:		
Occupation:	Employer's l	Name:		
Employer's Full Address:				
If retired, what was your primary occupation?				
Current social and professional organizations and	offices held:			
	_			



What are your qualifications for this office?	(Use a second sheet if necessary.)
Information provided may be printed in the J	Iournal, except where noted.
understand that any falsification, misrepreservelating to my application for candidacy may office. I hereby authorize the Board of Direct contained in this application and/or resume to My signature below authorizes the Board of	intation, or omission of information on this form or a result in my being denied the opportunity to run for tors of CSA Fraternal Life to confirm all statements to the extent permitted by federal, state or local law. Directors to make an investigative consumer report eter, reputation and mode of living. I release all provision and the use of such information.
	nember must certify completion and passing of the onvention. Newly elected Board members must o be eligible for re-election.
Signed:	Date:
Form should be returned to: CSA Fraternal Life c/o Matt Koski. Executive Secretary/COO	

Deadline: June 6, 2022

Lombard, IL 60148

2050 Finley Road, Suite 70