



CCAC Membership
Designated Primary Voting Member

Name of City or Agency: _____

Division: Northern Central Southern

Address: _____

City/State/ZIP: _____

Telephone: _____

Fax: _____

Website: _____

For Cities Only – Designated Primary Voting Member

If the City Clerk does not wish to be the Primary Voting Member, he or she may, by paying both the City Clerk's and the Associate's membership, designate the Associate Member to be the Primary Voting Member by signing the following statement.

I hereby designate _____ to be the Primary Voting Member.

Authorized Signature of the City Clerk: _____

Submitted By: _____ Title: _____

Date: _____

Please e-mail, fax or mail to:

CCAC Second Vice President
c/o Nanci C O Lima, City Clerk, MMC
119 Fox Street
Lemoore, CA 93245
Email: nlima@lemoore.com
Facsimile: (559) 924-6700