



CCAC Membership Designated Voting Member

Name of City or Agency: _____

Division: Northern Central Southern

Address: _____

City/State/ZIP: _____

Telephone: _____

Fax: _____

Website: _____

For Cities Only - Designated Voting Member

If the City Clerk does not wish to be the 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 Voting Member by signing the following statement.

I hereby designate _____ to be the 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 Shirley Concolino, City Clerk, MMC
915 I Street, 1st Floor Historic City Hall
Sacramento, California 95814
Email: sconcolino@cityofsacramento.org
Facsimile: (916) 808-7672