

DEPARTMENT APPOINTMENT ACCEPTANCE FORM

PLEASE COMPLETE (print or type) AND MAIL OR FAX TO DEPARTMENT HEADQUARTERS:
PO Box 140527, Austin, Texas 78714; Fax: 512/472-0603

____ I accept my Department appointment as _____

____ I cannot accept the above named Department appointment.

SIGNATURE _____ DATE _____

MEMBER ID # _____

The following is the way I wish my name, address and phone (fax) number (s) printed in the
Department Commission and Committees Roster on the Department's mailing list in Headquarters:

NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

E-MAIL: _____

WORK # _____ HOME # _____

FAX # _____

You may publish my phone/fax numbers in the Headquarters Directory - (check the blocks for numbers to be published)

WORK Yes No

HOME Yes No

FAX Yes No