

California Physical Therapy Association
1990 Del Paso Road
Sacramento CA 95834
(916) 929-2782
FAX# (916) 646-5960

Recommendation of Candidate for Chapter Delegate (CCNC-4)

In accordance with ARPROC-1 -- Election Procedures, D., the name of

_____ a Physical Therapist member of the California Chapter who has been an APTA member in good standing for two years immediately preceding the next session of the APTA House of Delegates, is recommended as a candidate for election as a Chapter Delegate to the APTA House of Delegates.

Recommended by: _____

Check one) _____ Chairperson of _____ District/SIG
_____ Individual member
_____ Self

Date: _____

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If elected by the Assembly of Representatives, I am available and willing to serve as a California Chapter Active member Delegate/Alternate to the APTA House of Delegates for the next two sessions in accordance with ARPOL-3 -- APTA House of Delegates, a Chapter policy.

Name of member recommended as candidate for Chapter Delegate

Address: _____

Day Phone: (_____) _____ E-Mail: _____

Date: _____ My APTA dues are paid through: _____

DEADLINE FOR RECEIPT OF FORM: September 4, 2020