

**APPLICATION FOR PACO  
COMMITTEE CHAIR POSITION**

(Please type or print)

I, \_\_\_\_\_, do hereby consent to being appointed as  
\_\_\_\_\_ **Committee Chair** for the Paralegal  
Association of Central Ohio (PACO) for the 2016-2017 term.

My qualifications for this position are as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I have been an active member of PACO since \_\_\_\_\_.

I have served on the following Committees and/or in the following Representative positions (list title and year(s)):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Please list any additional qualifications that the PACO Executive Board should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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I understand that the PACO Executive Board may conduct an interview either via telephone or in person prior to my appointment.

I certify that I have been notified and understand that the Code of Regulations resides on the PACO website, under the “Members Only” section. I have read and familiarized myself with the information in the Code of Regulations. I understand that it is my responsibility to be familiar with the current Code of Regulations.

I understand that this material is presented for informational purposes only, and can be changed at any time, but only by a general membership vote of PACO. I also understand that this material is not a contract expressed or implied between myself and PACO. I understand that my position as a Committee Chair can be terminated, but only by a vote of the Executive Board. No representative of the Executive Board has the authority to enter into an agreement with me that is contrary to the foregoing.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

Email \_\_\_\_\_

**RETURN TO**  
Chair PACO Elections Committee  
elections@pacoparalegals.org