

Nomination Form to Serve on the Executive Committee

l,	,		representing	
	(Please print name) (Office or Title		(Name of Jurisdiction)	
place	my name in nomination for the following seat or	n Capital	Area Council of Governments (CAPCOG)	
Execu	itive Committee (Check one appropriate designat	tion):		
	Representative of a County Representative of the City of Austin		City with population between 25,000 and 100,000 City with population under 25,000	
	City with population of more than 100,000		At-Large	
PLEAS	SE COMPLETE THE FOLLOWING SECTION			
Name of Representative		Email	Email address	
Address		City, Z	City, Zip Code	
Telephone Number		Suppo	Support Staff Contact Information	
With • • •	my signature below, I acknowledge the following I am a designated representative to the CAPCO I am an elected or newly-elected (and not yet signification. I understand that membership on the Executive on the second Wednesday of every month, and vacating the seat. I understand that this nomination is for a term I understand in order to serve on the Executive membership dues by Dec. 1, 2023. I ensure that I will perform my duties as a publiprovisions defined in Texas Government Code	OG Gene sworn in ye Comm d that pe i from Ja e Commi	official of the governing body of my littee requires my attendance at meetings or the bylaws, four absences may result in n. 1, 2024 to expire Dec. 31, 2024. Itee my jurisdiction must pay its CAPCOG	
Signa	ture	Date		

Submit this form via mail to the Capital Area Council of Council of Governments, 6800 Burleson Road, Building 301, Suite 165, Austin, TX 78744 or fax it to 512-916-6001; Attn: Mason W. Canales. Or submit it via email to mcanales@capcog.org with the subject line "2023 EC Nomination".