

PASSCo Member Request

Please complete ALL sections of the form and submit to PASSCo Chair-Elect

Completed by _____ Email _____ Date Initiated _____

Reason for Action

New to Position (Add) Replacement of (Delete) _____ Update Information

Contact Information *(To be completed when adding a new member or updating information only)*

Full Name (first & last) _____

County Office/District _____

Position Title (role) _____

Email _____

Phone (_____) _____ Fax (_____) _____

Work Address _____

City, State & Zip _____

PASSCo Chair-Elect Review/Approval

CCSESA: Approved Not Approved FCMAT List Serv: Approved Not Approved

Completed by _____ Email _____ Date _____

Comments _____

Email to Christina Marcellus at cmarcellus@ccsesa.org

CCSESA USE ONLY

*FCMAT Changes/Updates *CCSESA Changes/Updates

Name

Date

*Upon completion, please forward to PASSCo Chair-Elect.