



ACA International

Attorney State Chair Program Application

Purpose:

ACA International contributes to the success of its members and the positive reputation of the credit and collection industry through education, advocacy and services.

ACA International established the Attorney State Chair Program in order to increase communication and build community and engagement between association attorney members at the national level and ACA International members at the affiliated state/regional unit level. The volunteer ACA International attorney state chairperson serves a crucial role as a liaison between ACA International and the affiliated state/regional unit members and works in their community and throughout their state to strengthen relationships and partnerships between attorneys and their member clients, recruit new members and increase the participation of members in ACA International and affiliated state/regional unit activities. In addition, the ACA International attorney state chairperson serves as a valuable resource for ACA International and affiliated state/regional unit efforts in their state. The ACA International attorney state chairperson also functions as an important link to assist ACA International and their affiliated state/regional unit in identifying issues that may have legislative or regulatory impact at the state or federal level.

Application/Selection Process:

ACA International will distribute completed Attorney State Chair Program Applications received for each state to each state's applicable affiliated state/regional unit leader(s) and each state's applicable affiliated state/regional unit leader(s) will select one attorney state chairperson to serve the state/affiliated state unit of the association for a one-year term starting in October.

Completing the Application:

Remember the following:

- Complete the entire application.
- Sign your application which acknowledges your review and understanding of the ACA International Attorney State Chair Program, including the attorney state chairperson's functions, responsibilities and commitment, as outlined in the ACA International Attorney State Chair Program description materials.

Instructions for completing the application:

1. Complete all sections of this application, indicating Not Applicable (N/A) when necessary.
2. Return your completed application, with signature, by email to unitservices@acainternational.org. An electronic signature is permitted using the following in the signature line: /John Smith/.
3. If you have any questions about the ACA International Attorney State Chair Program Application, contact ACA International's Senior Director of Association Services at unitservices@acainternational.org.

Attorney State Chair Program Candidate Information

Name: _____

State: _____

Address: _____

Phone Number: _____

Email Address: _____

Qualifications

Law School and Year of Graduation: _____

In which states are you admitted to practice: _____

District(s) in which you practice: _____

How long have you represented individuals and/or businesses in the credit and collection industry? _____

What percentage of your practice is devoted to representation of individuals and/or businesses in the credit and collection industry? _____

What other professional organizations do you belong to and do you hold any positions with them?

Have you been subject to any disciplinary actions? If so, please describe.

ACA International Involvement

How long have you been a member of ACA International? _____

What ACA International conventions / seminars have you attended? _____

Do you participate on the MAP HUB? _____

Have you ever attended an ACA International Washington Insights Conference or do you participate in any ACA International committees? _____

Unit Involvement

How long have you been a member of the Unit? _____

What Unit meetings have you attended? _____

Have you ever attended a Unit and/or Regional conference? _____

Philosophy

What role do you believe the State Chair for ACA International and the Unit should play?

What do you believe ACA International and the Unit should be doing for members on a state level?

Background

1. Are you active in any local groups or networks concerning credit and collection industry issues?

Yes No If yes, please describe _____

2. Have you ever met with your state or federal lawmakers? Yes No

3. Do you have a relationship with a state or federal lawmaker?

Yes No If you, please indicate their name and the nature of your relationship.

4. Have you ever testified before a state or federal legislative body? Yes No

5. Have you ever submitted a letter to the editor or opinion editorial to your local paper? Yes No

6. What would you like to gain from the experience of serving as State Chair?

Recommendations

Each state's applicable affiliated state/regional unit leader(s) may consider recommendations (volunteered or solicited) from ACA International members and/or affiliated state/regional unit members. At your option, you may attach written recommendations.

Attestation, Conflicts of Interest, and Willingness to Serve

I hereby apply to be the ACA International Attorney State Chair for the _____ (*insert State name*) Unit.

You must check all of the following for your application to be considered:

- I am an ACA International member or an employee of an ACA International member.
- I am a member of the _____ (*insert State name*) affiliated state/regional unit.
(This box may remain unchecked in the event the affiliated state/regional unit does not accept attorneys at unit members.)
- I am a natural person and eighteen (18) years of age or older.
- I have demonstrated active involvement with ACA International at an international or national level.
- I have demonstrated active involvement with the _____ (*insert State name*) affiliated state/regional unit.
- I certify that at least 25% of my litigation files, workload or the practice of my law firm is devoted to the area of credit and collection law.
- I understand that my application for ACA International Attorney State Chair for the _____ (*insert State name*) Unit is subject to approval and selection by the applicable affiliated state/regional unit leader(s).
- I understand that my service as the ACA International Attorney State Chair for the _____ (*insert State name*) Unit may be terminated, without prior notice, by the applicable affiliated state/regional unit leader(s).
- I understand that if approved as the ACA International Attorney State Chair for the _____ (*insert State name*) Unit, I shall have no authority to legally obligate ACA International and/or the applicable affiliated state/regional unit in any manner.
- As a candidate for the ACA International Attorney State Chair for the _____ (*insert State name*) Unit, I have reviewed and I understand the attorney state chairperson's functions, responsibilities and commitment, as outlined in the ACA International Attorney State Chair Program description materials attached to this application.

I reaffirm my interest in being considered for service as the ACA International Attorney State Chair for the _____ (*insert State name*) Unit. If selected, I am willing to serve as the ACA International Attorney State Chair for the _____ (*insert State name*).

Dated: _____ **Signed:** _____

Print Name: _____