

AMCA Area Specialty

Chairperson Endorsement Form

**In accordance with AMCA's Standing Rule C-3:
Area Chairpersons shall be selected as follows:**

- 1. Area Chairpersons shall be chosen two years in advance.**
- 2. Members wishing to serve as Area Chairperson shall apply in writing to the AMCA VP, and provide the signatures of 15 other Area Members who support the applicant.**
- 3. If no suitable Chairperson can be found at least two years before the show, that area shall not host an Area Specialty that year without special Board approval. (Feb 02)**

This policy was implemented to guarantee that area members agree to support an Area Specialty. Area Specialties are required to have a minimum of 50 entries in accordance with SR C-14, which is difficult to obtain without the support of area members. This form should be used by proposed area chairpersons to petition AMCA for approval to chair and host an AMCA Area Specialty.

In accordance with the above policy, I petition the AMCA Board of Directors to approve my appointment as the Area Chairperson. Presented below are the names and signatures of at least 15 members in the area who support hosting an AMCA Area Specialty and my appointment as Chairperson.

Name of proposed Area Chairperson: _____ Signature: _____

AMCA Area: _____ Show Date: _____

Statement of Area Members: By signing below, I signify my support of hosting an AMCA Specialty and the appointment of the above named proposed chairperson.

Name of Area Member	Signature
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	

Submit to: Ruth Levesque, AMCA VP
P. O. Box 667
Tolland, CT. 06084-0667

Fax: 860-755-7103

Email: malsakita@comcast.net

If you have questions, contact Ruth Levesque at the above address or via e-mail.