



*Automotive Service Councils of California*  
Professionals in Automotive Service ~ Since 1940

**Board of Directors Candidate Application**  
**ASCCA Board of Directors**  
**Two (2) Year Term Commencing January 1, 2026**

**Eligibility Requirements**

A Regular member of the ASCCA who meets the following criteria meets the minimum requirements for Board of Directors nomination consideration:

- Membership is current (in good standing)
- Has served in one of more of the following leadership positions; Chapter officer or a Chapter Representative or an ASCCA committee member.
- Submit the completed Board of Directors Candidate Application by **July 16, 2025**.

**Section I - Application (Please print legibly)**

**Name** \_\_\_\_\_  
First MI Last Familiar name

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business City, State, Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Chapter #:** \_\_\_\_\_

**Residence**  
**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Section II - Candidate Profile**

**Business Information** (type of business, years in business, years in that location, etc.)

\_\_\_\_\_

**ASCCA Activities** (Number of years you have been a member, chapter activities and positions held, state level activities and positions held, etc.).

\_\_\_\_\_

**List boards and committees that you serve on, or have served on for other organizations** (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____		
_____		
_____		
_____		

**Personal Information** (*Years involved in the automotive industry, family information you wish to divulge, hobbies, civic activities, professional activities/affiliations, memberships in other fraternal and/or civic organizations, etc.*).

\_\_\_\_\_

**Education/Training/Certificates**

\_\_\_\_\_

**Optional – Have you received any awards or honors that you would like to mention?**

\_\_\_\_\_

**How do you feel ASCCA would benefit from your involvement on the Board?**

\_\_\_\_\_

**Skills, experience, and interests** (Please check all that apply)

- |                                  |                        |
|----------------------------------|------------------------|
| Finance, accounting              | Education, instruction |
| Personnel, human resources       | Special events         |
| Administration, management       | Grant writing          |
| Nonprofit experience             | Fundraising            |
| Community service                | Outreach, advocacy     |
| Policy development               | Other _____            |
| Program evaluation               | Other _____            |
| Public relations, communications | Other _____            |

**Please list any groups, organizations, or businesses that you could serve as a liaison to on behalf of ASCCA.**

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**Please tell us anything else you would like to share.**

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Submit completed application by e-mail to  
Anne Mullinax, [amullinax@amgroup.us](mailto:amullinax@amgroup.us) or fax to (916) 444-7462.  
Completed forms must be received **on or before July 16, 2025.**