

**PALM BEACH COUNTY
ADVISORY BOARD MEMBER
ACCEPTANCE NOTICE FOR BOARD APPOINTMENTS**

Date:

I hereby accept appointment as a member of the

_____ for a _____ year term ending _____.

Signature:

Address:

Phone No.:

**RETURN THIS FORM IN THE SELF-ADDRESSED ENVELOPE PROVIDED
TO ADMINISTRATION**

***FOR ADVISORY BOARDS MEMBERS THAT ARE REQUIRED TO FILE A STATE
FINANCIAL DISCLOSURE:**

I understand that in compliance with the State Financial Disclosure Law, I must file the proper statement(s) and it is my intention to do so.

Name:

Signature:

**RETURN FORM 1 (STATEMENT OF FINANCIAL DISCLOSURE)
ATTACHED
IN THE
SELF-ADDRESSED ENVELOPE PROVIDED TO THE
SUPERVISOR OF ELECTIONS OFFICE.**

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REVISED 9/14/98