# ASO ELECTION APPLICATION

**Name: Student ID#:** \_



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

 **City:** \_\_\_ **State:** \_\_\_\_\_\_  **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_



**E-mail: Phone:**

**Position(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I acknowledge that to be eligible to serve as an ASO Officer, I must:

1. Pay the optional ASO fee for every semester enrolled.
2. Stay enrolled in a minimum of five units each semester.
3. Maintain a current and cumulative GPA of 2.0.
4. Not be on academic or progress probation
5. Not have completed over 80 units at the time of election.
6. Adhere to the policies set forth in the ASO Constitution and By-Laws, as well as the policies of LACCD and Los Angeles Mission College.
7. Adhere to the ASO Election Code.
8. Accept the decisions of the ASO regarding any election dispute.
9. Accept the results of the final vote tally.
10. Be able to attend ASO Senate meetings every \_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_ p.m.– \_\_\_\_\_\_\_\_\_ p.m.

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Petition for the Associated Student Organization Election

Each candidate must submit 50 signatures with their application for office

We, the undersigned students of Los Angeles Mission College, request that the name of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Candidates Name)

**Be placed on the ballot for the election for the office of:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Position)

Note: A signature on this petition is not an endorsement but rather conveys the desire of students to allow the above named to be placed on the ballot. Students may sign the petition of more than one person seeking the same office.

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| **Date**  |  | **Printed Name**  |  |  | **Signature**  | **Stude****nt ID #**  |
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# CAMPAIGN STATEMENT

Please compose and print or type a campaign statement of **no more than 200** words. Your statement may include why you wish to run for office, previous involvement in campus or community activities, leadership experience and any other information supporting your candidacy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date: