Prior Approval Form

NACD Responsible Distribution PAC

Name _____ Title_____

Company Name_____

Address_____

City_____ State_____ Zip_____

Phone _____ Email_____

☐**YES,** NACD Responsible Distribution PAC is authorized to solicit voluntary contributions from myself, and the other executive and administrative personal of my company for the following years. I understand that my company may not approve a solicitation by any other trade association for these years.

2010 _____ 2011_____

Authorized Signature Authorized Signature

2012 _____ 2013_____

Authorized Signature Authorized Signature

Return to:

By mail: NACD Responsible Distribution PAC, 1555 Wilson Blvd., Ste. 700, Arlington, VA 22209

By fax: NACD Responsible Distribution PAC, Fax # 703/527-7747

By email: cparinello@nacd.com