

Edythe Crowe
DATA SHEET

You must use this form to submit the data sheet. Failure to provide all requested information may result in disqualification.

NOMINEE INFORMATION

Nominee: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ E-mail: _____

School/Worksite: _____ District: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work phone: _____ Work E-mail: _____

Job Title: _____

Number of Years as NEA Member _____

LOCAL AFFILIATE INFORMATION

President: _____

Affiliate Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____