NOMINATION FORM FOR I.E.A. OFFICE

Name: ____________________________________________________________

Address: ______________________________________________________________________

City: ___________________________ State: ___________________________ Zip: _________

E-Mail Address: ___________________________________________________________

Home Phone:___________________________ Cell Phone: __________________________

Signature________________________________________Date ________________

Return form by email to the IEA President or fax to 208-336-6967.
NOMINATION FORM FOR I.E.A. OFFICE

Name: ________________________________________________

Office sought:

____ IEA President*
____ IEA Vice President*
____ NEA Director from the IEA*
____ IEA Representative on the NEA Resolutions Committee*
____ At Large Member of the IEA Board of Directors*
____ ESP At Large Member of the IEA Board of Directors*
____ IEA Regional Representative on the IEA Board of Directors
____ Retired Member on the IEA Board of Directors

*Closing of nominations for these offices is two (2) months prior to the first day of Delegate Assembly.

RESUME OF CANDIDATE

Resumes of candidates will be available on the IEA Elections Website. Information not requested on this resume will not be posted on the website.

Please list any (3) offices you have held in the local, region or state education association. Also list the dates that the office(s) was held. (If more than three are listed, only the first three will be printed.)

1. ______________________________________________________

2. ______________________________________________________

3. ______________________________________________________

Please list and explain up to three other activities or involvement in your local, region, or state education association. (If more than three are listed, only the first three will be posted on the website.)

1. ______________________________________________________

2. ______________________________________________________

3. ______________________________________________________

Signature ___________________________ Date __________________

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