

NOMINATION FORM FOR STATE DELEGATE FROM IDAHO
TO NATIONAL EDUCATION ASSOCIATION
REPRESENTATIVE ASSEMBLY

The form below is being provided to Idaho Education Association members who desire to serve as a state delegate to the NEA Representative Assembly, (date) _____ in (location) _____.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Years' Experience in Education: _____ Grade Level: _____

Assignment: _____ Local Assn: _____

Zone: _____ First Time Delegate (circle one): YES NO

ETHNIC GROUP (mark one): Amer Indian/Alaska Native Black Hispanic
 Caucasian Asian Native Hawaiian/Pacific Islander Multi-Ethnic Other
(specify) _____

Signature _____ Date _____

Return form by email to the IEA President or fax to 208-336-6967.

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Name: _____

Zone Sought: _____

**Closing of nominations for state delegates is _____.*

RESUME OF CANDIDATE

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

Please list and explain up to three 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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