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

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 ______________

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