

## Nomination Form for MAE Statewide Election 2009-10

**Position sought:**

**President** \_\_\_\_ **Vice President** \_\_\_\_ **Sec-Treasurer** \_\_\_\_

**NEA Director** \_\_\_\_ **Alt. NEA Director** \_\_\_\_ **Retired BOD** \_\_\_\_

**Admin BOD** \_\_\_\_ **Region BOD** \_\_\_\_ **Delegate to NEA RA** \_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Association: \_\_\_\_\_ MAE District: \_\_\_\_\_

School/Work Site: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

**Position: Check One**

- Supervisory (Administrator, Principal, etc.)
- Retired
- Non-Supervisory (Teacher, Counselor, ESP, etc.)

**Ethnic Group: Check one**

- American Native/Alaskan Native
- Hispanic
- Asian Pacific Islander
- Black
- Caucasian (not of Spanish origin)

I, the undersigned, hereby certify that the above information is true and correct. I am an Active, Life, Retired or Education Support member of the MAE/NEA. All information requested on this form must be provided.

\_\_\_\_\_  
Signature of Nominee:

\_\_\_\_\_  
Date:

**This form may be duplicated.**

**DEADLINE FOR FILING IS NOVEMBER 30, 2009  
(Fax will not be accepted)**