

(Bright Orange)

This form must be filed with the OEA Secretary-Treasurer by January 31, 2015. A written confirmation of your filing will be sent upon receipt of your form. Contact the Carol Price, Conference/Elections Coordinator at 800/282-1500, ext. 3169 prior to January 31, 2015 if you do not receive a confirmation letter. **FAX COPIES WILL NOT BE ACCEPTED**

DECLARATION OF CANDIDACY
STATE DELEGATE
NEA REPRESENTATIVE ASSEMBLY
JULY 1 - 6, 2015 ORLANDO, FL

ELECTORAL UNIT _____ IND. ID NO. _____
(ECOEA-2, WOEAE-3, etc.) (See OEA Membership Card – 10 digits)

NAME _____
(Please Print or Type Name as it appears on the OEA Membership Records)

NAME AS YOU WOULD LIKE IT TO APPEAR ON BALLOT _____

MAILING ADDRESS _____
(Number and Street) (City) (Zip) (County)

EDUCATIONAL POSITION _____ E-MAIL ADDRESS _____

LOCAL ASSOCIATION _____

SCHOOL TELEPHONE _____ HOME TELEPHONE _____

- First Time Delegate
- Building Representative
- Hispanic (Chicano, other Spanish Speaking)
- Green Participant
- Email Restrict

The NEA Constitution contains provisions for encouraging equitable representation of members of ethnic minority groups at all governance levels of the Association. If you are a member of one of the groups specified below you may, but are not required to, check the appropriate box.

- Asian-Oriental
- Black
- Caucasian
- Hispanic (Chicano, other Spanish Speaking)
- Indian
- Bi-Racial
- Multi-Racial

NOTE: I attest that the biographical information contained on the reverse side of this Declaration of Candidacy form is true and accurate to the best of my knowledge.

SIGNATURE: _____

(THIS FORM MUST BE FILED NO LATER THAN JANUARY 31, 2015. NOTE: OEA FUNDING IS AVAILABLE FOR STATE AT-LARGE DELEGATES)

Please return form to:
Carol Price, Conference/Elections Coordinator
Ohio Education Association
P.O. Box 2550
Columbus, OH 43216

PLEASE COMPLETE BIOGRAPHICAL INFORMATION ON REVERSE SIDE OF THIS FORM.

THIS FORM MAY BE REPRODUCED.

OEA Policy 800.01 (BIOGRAPHICAL DATA) requires that:

