

(Light Purple)

This form must be filed with the OEA Secretary-Treasurer by April 10, 2017. A written confirmation of your filing will be sent upon receipt of your form. Contact Carol Price, Conference/Elections Coordinator at 800/282-1500, ext. 3169 prior to April 10y, 2017 if you do not receive a confirmation letter.

FAX COPIES WILL NOT BE ACCEPTED

**DECLARATION OF CANDIDACY
CLUSTER DELEGATE
NEA REPRESENTATIVE ASSEMBLY
JUNE 30 - JULY 5, 2017 ~ BOSTON, MA**

ELECTORAL UNIT _____ IND. ID NO. _____
(ECOEA-2, WOEA-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/Street) (City) (Zip) (County)

EDUCATIONAL POSITION _____ E-MAIL ADDRESS _____

LOCAL ASSOCIATION _____

SCHOOL TELEPHONE _____ HOME TELEPHONE _____
a/c a/c

- First Time Delegate
- Building Representative
- 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
- Black
- White
- Hispanic
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other Racial or Ethnic Minority
- Unknown

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 APRIL 10, 2017.)

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.

