



2017 NOMINATION FORM

INSTRUCTIONS: COMPLETE THE APPROPRIATE BOX INDICATING YOUR CANDIDACY SELECTION. **THE COMPLETED FORM MUST BE RECEIVED BY THE CCEA ELECTIONS COMMITTEE (AT THE CCEA OFFICE) NO LATER THAN 1:00 P.M., DECEMBER 13, 2016.** ADDITIONAL NOMINATION FORMS WILL BE ACCEPTED FROM THE FLOOR DURING THE ASSOCIATION REPRESENTATIVE COUNCIL MEETING BEING HELD AT THE TEACHERS HEALTH TRUST (2950 E. ROCHELLE AVE, LAS VEGAS, NV 89121) ON **DECEMBER 13, 2016**, AT WHICH TIME NOMINATIONS WILL BE DECLARED CLOSED. **THIS NOMINATION FORM CANNOT BE ACCEPTED WITHOUT THE CANDIDATE'S SIGNATURE.**

AS A CANDIDATE FOR THIS RACE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY AND OBLIGATION TO FULLY UNDERSTAND AND COMPLY WITH THE 2017 CCEA STANDING ELECTIONS PROCEDURES AND THAT I FULLY UNDERSTAND THE FUNDING POLICY.

NOTE: There are approximately forty-one (41) positions for CCEA Delegates to NEA Representative Assembly.

*Please print your legal name, and your name as you would like it to appear on the official ballot.
You may only run for one office in this section.

CCEA NEA Representative Assembly (LOCAL) Delegate 2-year term (2017-2019)

Please be notified that I wish to be a candidate for NEA REPRESENTATIVE ASSEMBLY:

* Legal Name (Please Print): _____

*Name on Ballot (Please Print): _____

Home Address: _____

City/ State/Zip: _____ Email: _____

School Site and Phone: _____ Home Phone: _____

Signature of Nominee: _____ Date: _____

Placed in Nomination By: _____

First PRINT THEN SIGN

Second PRINT THEN SIGN

IMPORTANT: If you are currently holding a CCEA NEA-RA delegate position and your term is not expiring, the submitted nomination will be voided by the Elections Committee.