Declaration of Candidacy for NEA Delegate Status

Member ID #
(found on your OEA Membership Card, NEA Today or Ohio Schools label)

Data of Application			
Date of Application			
,		, request that my name be	
f I am elected as a delegate, I pr	nt I am unable to serve as a delega	nally, I shall share information gained with te, I will immediately notify the PEA	
PLEASE PRINT CLEARLY:		Race or Ethnic Minority: (Check all that apply.)	
NAMF:		☐ American Indian/Alaska Native	
NAME: (As it is to be placed on the ballot; i.e., R. L. Smith or Bob Smith)		── ☐ Black ☐ Hispanic	
ADDRESS:		☐ White (not Hispanic origin)	
Street	City ZIP	───── □ Asian □ Native Hawaiian/Pacific Islander	
HOME PHONE: ()	CELL PHONE: ()	Other Racial or Ethnic Minority Please specify:	
EMAII ADDDESS:		☐ National Board Certified Teacher	
on the <mark>deadline date of Monday</mark>	y, September 10, 2018 , or bear a U.S	gton Education Association prior to 5 p.m. . mail postmark no later than midnight of mail service. No guarantee can be made	
	Declaration of Candidacy to be completed by PEA Elections C		
DATE RECEIVED:			