

NEW YORK STATE COUNCIL OF EDUCATIONAL ASSOCIATIONS

DATA SHEET FOR CANDIDATE FOR OFFICE IN NYSCEA

_____ of _____
PRESIDENT NAME ORGANIZATION

NOMINATES _____ for the
office of _____ in N.Y.S.C.E.A.

ELECTION OF OFFICERS WILL TAKE PLACE AT THE MAY MEETING.

NAME OF NOMINEE _____

PROFESSIONAL POSITION _____

PROFESSIONAL ADDRESS _____
Street

City State Zip Code
Phone Area Number

Home Address _____
Street

City State Zip Code
Phone Area Number

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____

OFFICES HELD IN PROFESSIONAL ORGANIZATIONS AND SERVICES RENDERED TO PROFESSIONAL ORGANIZATIONS:

PUBLICATIONS: _____

NOMINEE MUST SIGN THE FOLLOWING STATEMENT:

if elected to the position of _____, I agree to fulfill
the position during the _____ date term. I further understand
that I cannot serve as an official voting delegate of any one organization.

Signature of Nominee Date

Signature of President Date