



Advocating to Provide Quality Education for All Students!

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 code number

Home Address _____

Street

City State Zip code

Phone

Area code number

Membership in Professional Organization:

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 _____ term. I further understand

date

that I cannot serve as an official voting delegate of any one organization.

Signature of Nominee

Date

Signature of President

Date