

Filing Form for Candidate for KEA Office for elections to be held at the 2019 KEA DA

This form should be completed by the candidate and delivered to the Chair of the Compliance/Constitution committee or his/her designee **not earlier than October 1, 2017 and not later than 5:00 p.m. eastern on Tuesday, January 15, 2019.**

Completed forms may be submitted electronically to the CCC designee at rich.mullins@kea.org

Candidates may not begin campaigning until this form is received and acknowledged by the Chair of the CCC.

Only this official form will be accepted. Please type or write plainly.

NOMINATION FOR: (CHECK ONE)

_____ KEA President (3-year term begins June 15, 2019 and ends June 14, 2022)

_____ KEA Vice President (3-year term begins June 15, 2019 and ends June 14, 2022)

PERSONAL: This information will be shared with KEA staff and District Presidents

Candidate name: _____

Educational position: _____

Place of employment: _____

Home mailing address: _____

Primary personal phone number: _____

Work phone: _____

Personal email address: _____

Work email address: _____

ETHNIC MINORITY DESIGNATION: Ethnic-minority information is optional and choosing not to provide it will in no way affect your membership status, rights, or benefits in NEA, your state Association, or any of their affiliates.

- (Check as appropriate) _____ American Indian/Alaska Native
- _____ Asian
- _____ Black
- _____ Hispanic
- _____ Native Hawaiian or other Pacific Islander
- _____ Other (include your self-description, if desired) _____

***Required for NEA State Directors only:** I certify that I have been an Active member of the National Education Association for at least two (2) years immediately preceding the election.

CANDIDATE SIGNATURE (REQUIRED): _____

Date: _____

CANDIDATES, PLEASE COMPLETE BACK OF FORM, IF APPLICABLE

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IF YOU HAVE A CAMPAIGN MANAGER, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Campaign manager name: _____

Place of employment: _____

Home mailing address: _____

Primary personal phone number: _____

Work phone: _____

Personal email address: _____

Work email address: _____

For CCC use only:

Received by (please print name): _____

Signature of person receiving this form: _____

Date and time received: _____