

PINELLAS EDUCATIONAL SUPPORT PROFESSIONALS ASSOCIATION
OFFICIAL NOMINATION FORM – 2019

All forms must be received by the PCTA-PESPA Elections Chair or his designee at the PCTA-PESPA office by 5:00 p.m. on Monday, February 25, 2019

OFFICE SOUGHT- Please check all positions sought and include appropriate statements

- **President**- serving 3 year term, 100 word statement
- **Vice-President** – serving 3 year term, 100 word statement
- **Secretary** - serving 3 year term, 50 word statement
- **Directors** (5) Each serving a 2 year term, 50 word statement
- **NEA Local Delegate*** (Houston, Texas July 2-7) 50 word statement
- **NEA State Delegate*** (Houston, Texas July 2-7) 50 word statement
- **FEA Delegate*** (Orlando, FL October, 17-19) 50 word statement

NAME OF NOMINEE _____
Last First Middle

ADDRESS _____
Street City Zip

SCHOOL/WOKSITE _____

HOME PHONE _____ **WORK PHONE** _____

HOME EMAIL _____

NOMINATED BY _____

**Delegate Commitment- Attend all caucus meetings, Vote in all elections, Read all correspondence, Be aware of PESPA financial policies, Donate to PAC, Be enthusiastic. Be responsible – If you find you can't attend a meeting or convention, notify the office immediately- 72 hrs notice is required to cancel reservations.*

I hereby accept the above Nomination and certify that all the information provided is correct.

Signature of Nominee _____

The following information is **required**. Social Security number _____

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Chicano/Hispanic | <input type="checkbox"/> Multi Ethnic |