

Nomination Form, K-12 TEACHERS
Council of Delegates, Thursday, March 13, 2025
Clearly print all information!

I, _____, School _____, nominate
your first and last name *number*

_____ for the office of **K-12 TEACHERS**.
first and last name of the person you are nominating

NOMINEE Personal Information

Nominee cell phone: _____ text? (circle one) yes no

Nominee personal email: _____

Preferred method of contact: (circle one) cell phone personal email

Current teaching position of nominee: _____

NOMINATOR and SECONDER Information

Must be Members of the Council of Delegates

Nominator _____
first and last name *school number*

_____ *cell phone* *personal email*

Seconder _____
first and last name *school number*

_____ *cell phone* *personal email*