Nomination Form, <u>TREASURER</u>

Council of Delegates, Thursday, March 13, 2025 Clearly print all information!

I,		, School		
<u>your</u> first and last name			number	
first and last name of the person you are	nominating		for the office of TRI	EASURER.
<u>NOMINEE</u> P	ersonal In	formation		
Nominee cell phone:			text? (circle one)	yes no
Nominee personal email:				
Preferred method of contact: (c				
Current teaching position of nominee:				
NOMINATOR and Must be Members	of the Counc	il of Delegates	nation	
Nominator first and last name			school number	
cell phone		personal emai	il	
Seconder			school number	
cell phone		personal emai	il	