

TSTA HOD RETIRED DELEGATE NOMINATION FORM**Retired At-Large Delegate Positions — TSTA House of Delegates — April 10-11, 2015**

The deadline for receipt of this nomination form at TSTA Headquarters is Jan. 16, 2015, 5:00 p.m.

(Circle One: Mr. Ms.) Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Day Phone _____

Email _____ Last 4 Digits Soc. Sec. No _____

ETHNIC GROUP: (Check all that apply)

- ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Multi-ethnic
☐ Black ☐ Hispanic ☐ Caucasian (not of Spanish Origin) ☐ Other _____
☐ Check here if you do not want your ethnicity printed
☐ Enclosed is my biographical sketch of 25 words or less, which I understand will be sent with the ballot. (Note: Statements exceeding 25 words will be cut after the 25th word.)
☐ Check here if you will be a first-time delegate

Signature of Nominee _____

Send by FAX to 512-486-7043 or EMAIL to TSTA-R@tsta.org or MAIL to: TSTA-Retired, 316 W. 12th Street, Austin, TX 78701

TSTA-RETIRED OFFICER NOMINATION FORM

Check box beside office this nomination is for: ☐ TSTA-Retired President ☐ TSTA-Retired Vice President

QUALIFICATIONS: Must be an active member of TSTA-Retired and NEA-Retired

Deadline for receipt at TSTA Headquarters is January 16, 2015, 5:00 p.m.

Nominee's name _____

Address _____ City/State _____ Zip _____

Day phone _____ Email _____

I, the undersigned, hereby certify that the above information is true and correct (must be signed by person running for office).

Nominee's signature _____

Nominated by _____

Address _____ City/State _____ Zip _____

Day phone _____ Email _____

I, the undersigned, hereby certify that the above information is true and correct.

Nominator's signature _____

Send by FAX to 512-486-7043 or email to tsta-r@tsta.org or mail to: TSTA-Retired, 316 W. 12th St., Austin, TX 78701.

NEA RA RETIRED DELEGATE NOMINATION FORM**2015 NEA REPRESENTATIVE ASSEMBLY TSTA/NEA-RETIRED DELEGATE POSITIONS**

The deadline for receipt of this nomination form at TSTA Headquarters is Jan. 16, 2015, 5:00 p.m.

(Circle One: Mr. Ms.) Name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Day phone _____

Email _____ Last 4 Digits Soc. Sec. No _____

ETHNIC GROUP: (Check all that apply)

- ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Multi-ethnic
☐ Black ☐ Hispanic ☐ Caucasian (not of Spanish Origin) ☐ Other _____
☐ Check here if you do not want your ethnicity printed
☐ Enclosed is my biographical sketch of 25 words or less, which I understand will be sent with the ballot. (Note: Statements exceeding 25 words will be cut after the 25th word.)
☐ Check here if you will be a first-time delegate

Signature of Nominee _____

Send by FAX to 512-486-7043 or EMAIL to TSTA-R@tsta.org or MAIL to: TSTA-Retired, 316 W. 12th Street, Austin, TX 78701