STUDENT CALIFORNIA TEACHERS ASSOCIATION
DECLARATION OF CANDIDACY
FOR STATE COUNCIL REPRESENTATIVE AND/OR ALTERNATE

This form must be returned (received, not postmarked), to the Student CTA office. If you are elected, the information on this form is needed for Governance records and will be kept confidential.

Please print:
Name _____

Home Address _____ Mailing Address _____

City & Zip _____ City & Zip _____

Home Phone (_____)_____ Cell Phone (____)_____

Personal Email Address _____

Is a candidate for: _X_ CTA State Council Representative and Alternate

CTA Directorial District _JHE_
*Term is for 1 year from 2013 to 2014; OR completing term to 2014

I am a member of _X_ Student California Teachers Association; _X_ National Education Association-Student Program and Chapter: _____

CTA/NEA Member ID No. _____

Ethnic Grouping: ☐ African American ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander
☐ Caucasian ☐ Hispanic ☐ Other

Gender: ☐ Female ☐ Male

School Attending _____

Political Party Affiliation (optional): ☐ Democrat ☐ Republican ☐ Other _____

I understand the duties of State Council of Education Representative shall be to perform the following duties (CTA Bylaws, Art. V, Section 6):

a) Regularly attend all meetings of the State Council of Education.

b) Participate actively in the work of committees to which he/she is assigned.

c) Become informed on professional and educational matters in the chapter, chapters, or organization represented and be prepared to make adequate presentation of proposals or recommendations originating in such chapter, area or organization.

d) Report regularly to his/her chapter, area, or organization on the deliberations and actions of the State Council of Education.

e) Attend and participate in the meetings and activities of the Service Center Council of which his/her chapter is a part.

f) Perform such other duties as may be assigned to representatives by action of the State Council of Education.

I have submitted a campaign statement on the reverse side of this form.

OVER →

Date _____ Signature _____

I understand my name; year in school (i.e. Freshman, Sophomore, Junior, Senior, Credential program, Graduate student) and the date that I joined SCTA will be printed on the ballot but not included as part of my 35-word statement.

Please use the following campaign statement/biographical sketch on the flyer that accompanies the ballot. I understand that only the first 35 words will be used, but a reference to ethnic minority identification will not be counted in the limitation of words.

Please **print** your name as you wish it to appear on the ballot: _____

Year in school _____ SCTA member since _____

Statement limited to 35 words

_____

_____

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_____

_____

Date _____ Signature _____

THIS FORM MUST BE RECEIVED NO LATER THAN **5:00 PM ON FRIDAY, MARCH 22, 2013** IN THE STUDENT CTA OFFICE.

Send to: Student CTA Elections
P.O. Box 921
Burlingame, CA 94011-0921
Fax: 650/552-5018

Candidates are urged to return this form by certified mail in order to assure proof of receipt and compliance with deadline or call to confirm receipt by fax.