

Wyoming Education Association
 Declaration of Candidacy – 2020 Election
DEADLINE for form to be in: February 28, 2020

I, _____ hereby request that my name be printed on the ballot for the position of: (Please check the appropriate box below) **Please send a separate form for each office you are running for.**

State/National Office

- WEA President
- WEA Vice President
- WEA ESP Statewide Representative
- WEA Ethnic Minority Statewide Representative
- WEA Higher Education Statewide Representative

Region Offices

- Central Region Representative
- Northeast Region President
- Northeast Region Vice President
- Northwest Region President
- Southeast Region President
- Southeast Region Vice President
- Southeast Region Representative
- Southwest Region Representative

State Delegates to NEA RA

<input type="checkbox"/>	*NEA RA State Delegate (Category 1) --- Active & ESP Non-Supervisory Member	* Category 1 shall include NEA Active members who are not supervisors
<input type="checkbox"/>	**NEA RA State Delegate (Category 2) --- Active & ESP Supervisors	** Category 2 shall include NEA Active members who are supervisors
<input type="checkbox"/>	NEA RA State ESP Cluster Delegate (ESP who cannot join a local association)	

NEA RA Region Cluster Delegates

- CR Cluster
- NER Cluster
- NWR Cluster
- SER Cluster
- SWR Cluster

PLEASE NOTE: WEA staff members are prohibited by law (Landrum Griffith Act) from campaigning for or offering assistance in any manner to any candidate. Candidates for office may not engage staff in any campaign related efforts or conversation. (Please contact kvetter@wyoea.org or lbottom@wyoea.org for details.)

Date: _____

Signature: _____

Signature indicates willingness to abide by WEA/NEA policy and bylaws and adhere to the Code of Ethics as adopted by WEA (see attached).

Cell Phone #: _____ (cell phone number is the number we will use to notify you of the results from the election)

Home Email Address: _____ (only home email addresses will be used to notify you of the results from the election)

Optional: Ethnic-minority Yes No

If yes, ethnic classification is: _____

Return forms (**email, fax or mail**) to the WEA office:

DEADLINE: February 28, 2020

115 East 22nd Street, Suite #1

Cheyenne, WY 82001

FAX: 307-778-8161

lbottom@wyoea.org

I have read and I understand the job description(s) in the Bylaws of the Wyoming Education Association for the position(s) I am running for:

This form must be signed and dated before we can add your name on the ballot!

(Name)

(Date)