Wyoming Education Association

Declaration of Candidacy – **WEA 2027 Election**

DEADLINE for form to be in: February 26, 2027

The WEA Board will try to secure additional candidate(s) for vacancies with no nominated candidates

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

☐	NEA Director
☐	WEA Treasurer
☐	WEA ESP Statewide Representative
☐	WEA Ethnic-Minority Statewide Representative
☐	WEA Higher Ed Statewide Representative

Region Offices

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

State Delegates to NEA RA

☐	*NEA RA State Delegate (**Category 1**) --- Active & ESP Non-Supervisory Member	***Category 1** shall include NEA Active members who are **not** supervisors
☐	**NEA RA State Delegate (**Category 2**) --- Active & ESP Supervisors	****Category 2** shall include NEA Active members who **are** supervisors

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 **kamen@wyoea.org** or **bladwig@wyoea.org** for details.)

Date: _____

Signature: _____

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

Cell Phone #: _____

(your 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 or mail**) to the WEA office:

115 East 22nd Street

Attention: Bobbie Ladwig

Cheyenne, WY 82001

bladwig@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)