



FILING FORM

I, _____ wish to file for the following position:
(Please print clearly)

(You may only select one position.)

_____ President

_____ NEA Director (Position #1)

_____ Vice-President

_____ NEA Director (Position #2)

_____ Secretary-Treasurer

Candidate Information:

Mailing Address: _____

City/State/Zip: _____

Local: _____

E-Mail: _____

Home Phone: _____ School Phone (w/ext): _____

Cell Phone: _____

Last 4 digits of Social Security Number: _____ *(used for membership verification only)*

Signature: _____

Date: _____

(for official use only)

Filing form was received on _____ by _____.

Membership was verified on _____ by _____.

DEADLINE: December 11, 2009 (4:30 pm)

Return completed form by US Mail or Fax to:

Office of the Elections Committee

Education Minnesota

41 Sherburne Avenue

St Paul, MN 55103

Fax: 651.292.4802