

TSTA-R OFFICER NOMINATION FORM

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

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

Nominee's name _____

Address _____ City/State _____ Zip _____

Home phone _____ Day phone _____

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

Nominee's signature _____

Nominator's name _____

Address _____ City/State _____ Zip _____

Home phone _____ Day phone _____

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

Nominator's signature _____

Send by FAX to (512) 486-7043 or mail to: TSTA-Retired, 316 West 12th Street, Austin TX 78701 by January 16, 2013, 5:00 p.m.

TSTA HOUSE OF DELEGATES NOMINATION FORM

RETIRED AT-LARGE DELEGATE POSITIONS —TSTA HOUSE OF DELEGATES—APRIL 12-13, 2013

The deadline for receipt of this nomination form at TSTA's Headquarters is January 16, 2013, 5:00 p.m..

(Circle One: Mr. Ms.) Name _____

Address _____ City/State _____ Zip _____

Home Phone _____ Day Phone _____

Email _____ SSN (last four digits) _____

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 will be sent with the ballot. (Note: If your statement exceeds 25 words, it will be cut at 25 words.)
 Check here if you will be a first-time delegate

Send by FAX to (512) 486-7043 or mail to: TSTA-Retired, 316 West 12th Street, Austin TX 78701

Signature of Nominee _____

NEA REPRESENTATIVE ASSEMBLY NOMINATION FORM

2013 NEA REPRESENTATIVE ASSEMBLY TSTA/NEA-RETIRED DELEGATE POSITIONS

Deadline for receipt at TSTA Headquarters is January 16, 2013, 5:00 p.m..

(Circle One: Mr. Ms.) Name _____

Address _____ City/State _____ Zip _____

Home Phone _____ Day Phone _____

Email _____ SSN (last four digits) _____

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 will be sent with the ballot. (Note: If your statement exceeds 25 words, it will be cut at 25 words.)
 Check here if you will be a first-time delegate

Send by FAX to (512) 486-7043 or mail to: TSTA-Retired, 316 West 12th Street, Austin TX 78701

Signature of Nominee _____