HAYWARD EDUCATION ASSOCIATION BOARD OF DIRECTORS AND STATE COUNCIL DELEGATE ELECTION SELF NOMINATION AND DECLARATION OF CANDIDACY

| Name: | School Site: |
|---|---|
| (As you wish it to appear on the ballot.) Personal Phone: | School Site Ext.: |
| PERSONAL Email: | |
| I HEREBY DECLARE THAT I AM A CA | ANDIDATE FOR THE OFFICE INDICATED BELOW: |
| I understand that the term of office is two y I am a member of HEA, CTA, and NEA in | years starting July 1, 2021 to June 30, 2023. |
| Secondary Director | ☐ Elementary Director |
| I understand that the term of office is three I am a member of HEA, CTA, and NEA in CTA State Council Representation | |
| I understand that I may submit a campaign staten distribution to HEA members prior to the election | nent of up to 40 words to appear in an election summary for a (see back of this form). |
| I understand that HEA Board positions and State | Council Representative are determined by a majority vote. |
| | ermined by a plurality of the vote, the top three vote getters s may be declined in writing in favor of the next highest vote |
| I understand that the DEADLINE for this Declar Monday, April 19, 2021 . | ration of Candidacy to arrive at the HEA Office is 4:00 p.m. on |
| I understand it is the responsibility of the nom | inee to deliver their declaration by the deadline. |
| Signature: | Date: |
| • | A office at 93 Jackson Street, Hayward, CA. Declarations If version to office@heahayward.org, or via FAX to (510) |

Please put any candidate statement in the space provided on the back of this form.

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| CANDIDATE STATEMENT (40 or Fewer Words) | |
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