

**CALIFORNIA TEACHERS ASSOCIATION  
DECLARATION OF CANDIDACY  
FOR STATE COUNCIL REPRESENTATIVE AND/OR ALTERNATE**

This form must be returned (received, not postmarked), to the service center council for multiple chapter electoral district or to local chapter for single chapter electoral district. If you are elected, the information on this form is needed for Governance records and will be kept confidential.

**Please print:**

Name, Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Home Address \_\_\_\_\_ School address \_\_\_\_\_  
 City and Zip \_\_\_\_\_ City and Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ School Phone (\_\_\_\_\_) \_\_\_\_\_  
 Non-School Email Address: \_\_\_\_\_

**Candidate for:**

- |  |  |
|--|--|
| <input type="checkbox"/> CTA State Council Representative only               | <input type="checkbox"/> CTA State Council Representative At-Large*                              |
| <input type="checkbox"/> CTA State Council Alternate only                    | <input type="checkbox"/> CTA State Council Alternate At-Large*                                   |
| <input type="checkbox"/> Both CTA State Council Representative and Alternate | <input type="checkbox"/> Both CTA State Council Representative At-Large* and Alternate At-Large* |

I am running for seat number \_\_\_\_\_ (if appropriate) (\*Must be an ethnic minority)

CTA Directorial District \_\_\_\_\_ Electoral District \_\_\_\_\_  
 Single Chapter \_\_\_\_\_ Multiple Chapter \_\_\_\_\_

Term is 3 years from 20\_\_\_\_ to 20\_\_\_\_; OR Completing term to 20\_\_\_\_

I am a member of  California Teachers Association  National Education Association and  Chapter: \_\_\_\_\_

Ethnicity:  African American  American Indian/Alaska Native  Asian/Pacific Islander  
 Caucasian  Hispanic  Other: \_\_\_\_\_

Gender:  Female  Male \*CTA/NEA Member ID #: \_\_\_\_\_

Educational Position:  Teacher  Other: \_\_\_\_\_

Level:  Elementary  Middle  Secondary  Community College  4 year College

Grades(s) currently teaching: \_\_\_\_\_

Subject(s) currently teaching: \_\_\_\_\_

Political Party Affiliation (Optional)  Democrat  Republican Other: \_\_\_\_\_

\*CTA/NEA Member ID # can be found on the CTA/NEA Membership Card.

**I understand that the duties of State Council of Education Representative shall be to perform the following duties: (CTA Bylaws, Article V, Section 6)**

- a. Regularly attend all meeting of the State Council of Education.
- b. Participate actively in the work of committees to which he/she is assigned.
- c. Become informed on professional and educational matters in the chapter(s) or organization represented and be prepared to make adequate presentation of proposals or recommendations originating in the chapter(s).
- d. Report regularly to his/her chapter(s), regarding the deliberations and actions of the State Council of Education.
- e. Attend and participate in the meetings and activities of the Service Center Council of which his/her chapter is a part.
- f. Perform such other duties as may be assigned to representatives by action of the State Council of Education.

**I have submitted a campaign statement on the reverse side of this form.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**IT IS THE RESPONSIBILITY OF THE CANDIDATE TO ENSURE THAT THIS DOCUMENT IS COMPLETED AND RECEIVED BY THE DUE DATE AND TIME.**

Please use the following campaign statement/biographical sketch on the flyer that accompanies the ballot. I understand that only the first 25 words will be used, but a reference to ethnic minority identification will not be counted in the limitation of words.

Please **print** name as you wish it to appear on the ballot:

---

Statement limited to 25 words

Date \_\_\_\_\_ Signed \_\_\_\_\_