

ESP STATE AND CLUSTER/DISTRICT OFFICES FORM

FORM USED FOR SENDING TO THE ESP

NOMINATIONS AND ACCEPTANCES OF NOMINATIONS FOR STATE AND CLUSTER/DISTRICT OFFICES

_____ hereby nominates/nominate
_____ as a candidate for the office of
_____ of the
_____ (insert Cluster/District number **OR** State)
_____ (signature – nominator)
_____ (street address)
_____ (city, state, and ZIP Code)
_____ (home phone number)
_____ (school phone number)
_____ (**home/non-work email address**) - **Mandatory**
_____ (membership number) - **Mandatory**
_____ (local affiliate)
_____ (date)

I hereby accept the above nomination for _____.

_____ (print name as you wish it to appear on the ballot)
_____ (signature)
_____ (street address)
_____ (city, state, and ZIP Code)
_____ (home phone number)
_____ (**home/non-work email address**) - **Mandatory**
_____ (school)
_____ (mailing address of school)
_____ (city, state, and ZIP Code)
_____ (school phone number)
_____ (professional classification – classroom teacher, etc.)
_____ (membership number) - **Mandatory**
_____ (race)
_____ (local affiliate)
_____ (date)

Mail by CERTIFIED mail to Derevana Leach, PO Box 27347, Raleigh, NC 27611, postmarked not later than April 3, 2014. Incomplete nomination forms will not be accepted.

The deadline for withdrawal is April 14, 2014.