

ASSOCIATED POMONA TEACHERS/CTA/NEA
DECLARATION OF CANDIDACY
FOR CTA State Council Representative Alternate For APT

Name _____ Site _____

Personal Email and Cell phone number _____

CHECK THE POSITION FOR WHICH YOU WISH TO DECLARE CANDIDACY.

State Council Representative Alternate: A Candidate for State Council Representative/Alternate must be an Active member of CTA, NEA, and APT. The term of the State Council Representative and/or Alternate is three (3) years. No person may serve more than three (3) consecutive three-year terms. Runner-up for this election shall become the Alternate.

One YEAR TERM – CTA State Council Representative Alternate

CTA State Council Representative (Expires in 2020)

Please give a brief statement of **NO MORE THAN 30 WORDS** (if more words are used, the flyer will include only the first 30 words.) The ballots including the candidate's statements will be distributed in **March**.

I have read the duties of the above positions. I accept my responsibility, if elected, to carry out those duties.

Date _____ Signed _____

PLEASE RETURN TO THE APT OFFICE BEFORE 4:00 p.m., Wednesday March 13, 2019
Forms are also available at office@pomonateachers.com