

**DECLARATION OF CANDIDACY  
FOR CTA State Council Representative and Alternate For APT**

Name \_\_\_\_\_ Site \_\_\_\_\_

Personal Email and Cell phone number \_\_\_\_\_

**CHECK THE POSITION FOR WHICH YOU WISH TO DECLARE CANDIDACY.**

***State Council Representative: A Candidate for State Council Representative and/or 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.***

**THREE YEAR TERM – CTA State Council Representative**

CTA State Council Representative (Expires on June 30<sup>th</sup>, 2023)

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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 candidate's statements will be posted on the APT website in **September**.

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

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

**PLEASE EMAIL TO THE APT at [Office@PomonaTeachers.com](mailto:Office@PomonaTeachers.com)  
BEFORE 4:00 p.m., Thursday, September 24, 2020**

**Form are also available at <http://pomonateachers.com/>**