

**CTA DECLARATION OF CANDIDACY  
FOR STATE COUNCIL REPRESENTATIVE FOR MULTIPLE GROUP HE-8**

**This form must be received in the CCA HE office no later than 5:00 p.m., September 30, 2020.** If you are elected, the information on this form is needed for Governance records and will be kept confidential. I hereby declare that I intend to be a candidate for CTA State Council Representative for **Multiple HE-8**.

**Please print:**

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

*Email address must not reference any association name, leadership position or school.*

**Candidate for:**

CTA State Council Representative **Seat #1**

**Term for seat #1 representative is complete unexpired term ending June 25, 2022**

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 #: \_\_\_\_\_

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

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: \_\_\_\_\_

**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 \_\_\_\_\_

Please return the **COMPLETED and SIGNED** Declaration by email to:

**CCA Higher Education**  
Bonita Lovell: [blovell@cta.org](mailto:blovell@cta.org)

**Deadline for receiving declarations in the CCA HE office is no later than 5:00 p.m., on September 30, 2020.**

Any Declaration of Candidacy received after the deadline will not be accepted.

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

Please use the following campaign statement/biographical sketch on the flyer that accompanies the ballot. I understand that only the first 30 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:

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Statement limited to 30 words

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