

GAEA OFFICER NOMINATION FORM

(Please Type or Print)

I, _____ attest that _____
Signature of Nominator Name of Nominee

is a NAEA/GAEA member, and I nominate him/her to run for the following office:

Check only one.

GAEA Elementary Division Elect GAEA Middle School Division Elect
 GAEA Secondary Division Elect GAEA Museum Division Elect
 GAEA Higher Education Division Elect GAEA Administration/Supervision Division Elect
or
 GAEA President Elect

Note: Each of the Division officers must spend the majority of their time in the division in which they receive the nomination. The GAEA President Elect may come from any division.

OFFICER NOMINEE INFORMATION

Membership Division _____ ID # _____ County _____

Nominee _____
(Dr., Mr., Mrs., Ms.) First M.I. Last

Nominee's Home Address _____
Street/PO Box City State Zip

Has the nominee expressed interest in running for this position? _____

Home Phone () _____ Work Phone () _____ E-mail _____

NOMINATOR INFORMATION

Nominator _____
(Dr., Mr., Mrs., Ms.) First M.I. Last

Nominator's Home Address _____
Street/PO Box City State Zip

Work Address _____
School/Office Street/PO Box City State Zip

Home Phone () _____ Work Phone () _____ E-mail _____

OFFICER NOMINATIONS POSTMARKED AFTER SEPTEMBER 1, 2003 WILL NOT BE ACCEPTED