

OFFICER NOMINATION FORM

(Please Type or Print)

I _____ nominate _____

Name of Nominator

Name of Nominee

for the office of: _____

and attest they are an NAEA member.

NOMINEE INFORMATION

Membership Division _____ ID # _____ Region _____

Nominee's Home Address _____

Street/PO Box

City

State

Zip+4

Current Employer _____ Position/Title _____

Work Address _____

School/Building

Street/PO Box

City

State

Zip+4

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

NOMINATOR INFORMATION

Nominator _____

(Dr., Mrs., Ms., Miss, Mr.) Last

First

M.I.

Nominator's Home Address _____

Street/PO Box

City

State

Zip+4

Work Address _____

School/Building

Street/PO Box

City

State

Zip+4

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

Include a quality photograph for publication (picture return is not guaranteed)

NOMINATIONS POSTMARKED AFTER JULY 1 WILL BE INVALID.

(Please allow 2 weeks for delivery)

For Office Use:

Membership Verification _____ Initials _____

Expiration Date _____ Membership # _____

Region _____

STANDARDIZED VITA FORM

(Please Type or Print)

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The information on the *Standardized Vita Form* will be reviewed by a nomination committee and sent to the NAEA national office for use in the *NAEA News* and other publications. Do not add pages to this form, please be selective in choosing the information you include.

Name _____ Home Phone () _____
(Dr., Mrs., Ms., Miss, Mr.) Last First M.I.

Home Address _____
Street/P.O. Box Apt.# City State Zip+4

Office nominated for _____

Title (Currently employed as) _____ Employer _____

Work Address _____
Street/P.O. Box City State Zip+4

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

LIST degrees held, Institution(s) and other education:

LIST National Art Education Association national and regional art education association activities, including offices held, committees, honors, service, etc:

LIST state/province and local art education association activities, including offices held, committees, honors, service, etc:

STANDARDIZED VITA FORM

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LIST other leadership roles and accomplishments:

LIST memberships in professional organizations, including offices held, honors, etc:

LIST publications and/or exhibits:

LIST other teaching and/or related experiences:

NATIONAL ART EDUCATION ASSOCIATION

NATIONAL OFFICE NOMINEE CONSENT TO SERVE FORM

I understand that my name has been put forward for nomination to the position of NAEA:

President, Vice President (Region), (Division) Director

If I am selected for the final slate of nominees for this office, and if I am elected, I agree to serve.

Signature

Date

Please provide the following information, complete the attached Standardized Vita Form and return it, along with a black and white photograph, to the Nominations Committee Chair no later than July 1.

Name _____

Home Address _____

Home Phone (Indicate best time to call) _____

E-mail Address _____

Current Professional Position _____

Percent of time in this position _____ Work Phone (Indicate best time to call) _____

Employer _____

Address _____

Summer Address (if different from above) _____

_____ Summer Phone _____

Please note that this information, and that on the Standardized Vita Form, will be used by the Nominating Committee in its process of selecting the final slate of candidates. We appreciate your willingness to provide this information and encourage you to make it as complete as possible with the space available. Do not attach additional or substitute materials. Because of the extensive distribution to the committee that is required by the process, it is important to keep information as concise as possible. Thank you for your willingness to be considered for NAEA national office. These positions on the National Board of Directors are essential in establishing the goals and policies of NAEA and are significant in determining the future of art education in the schools of this country and in many other nations as well.