Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	
*********	******************
Full Time Pro	esident - 2 yr. term – Everyone Votes - MAJORITY
I accept the nomination and ackno election.	wledge the duties and responsibilities of the office for which I seek
Signature of Nominee:	
Date:	
Received by:	Date Received:

Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	
*********	******************
Secretary - 2	2 yr. term – Everyone Votes - MAJORITY
I accept the nomination and ackno election.	wledge the duties and responsibilities of the office for which I seek
Signature of Nominee:	
Date:	
Pacaived by:	Date Peceived:

Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	
*********	*******************
Treasurer - :	2 yr. term – Everyone Votes - MAJORITY
I accept the nomination and ackno election.	owledge the duties and responsibilities of the office for which I seek
Signature of Nominee:	
Date:	
Received by:	Date Received:

Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	
**********	******************
Executive \	/ice President - 2 yr. term – Everyone Votes - MAJORITY
I accept the nomination and acknowlection.	owledge the duties and responsibilities of the office for which I seek
Signature of Nominee:	
Date:	
Received by:	Date Received:

Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	
Vice Presider	**************************************
Received by:	Date Received:

Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	
*********	*****************
Vice President Laredo Prof	essionals - 2 yr. term – LISD Professionals Vote - MAJORITY
I accept the nomination and acknow election.	vledge the duties and responsibilities of the office for which I seek
Signature of Nominee:	
Date:	
Received by:	Date Received:

Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	

High School Area Memb	er (UISD) - 2 yr. term – UISD Professionals Vote - PLURAITY
I accept the nomination and ackno election.	wledge the duties and responsibilities of the office for which I seek
Signature of Nominee:	
Date:	
Received by:	Date Received:

Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	
*******	**************************************
Middle School Area Men	nber (LISD) - 2 yr. term – LISD Professionals Vote - PLURALITY
I accept the nomination and acknowlection.	owledge the duties and responsibilities of the office for which I seek
Signature of Nominee:	
Date:	
Received by:	Date Received:

Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	
*********	*******************
ESP Area Member Seat	#2 (LISD) - 2 yr. term - LISD ESPs Vote - PLURALITY
I accept the nomination and ackno election.	wledge the duties and responsibilities of the office for which I seek
Signature of Nominee:	
Date:	
Received by:	Date Received:

Nomination Form

Name:	Phone/Cell:
Address:	Campus/District:
Personal E-mail:	
*********	*******************
ESP Area Member Seat	#2 (UISD) - 2 yr. term – UISD ESPs Vote - Plurality
I accept the nomination and ackno election.	wledge the duties and responsibilities of the office for which I seek
Signature of Nominee:	
Date:	
Received by:	Date Received: