

## YOU CAN USE YOUR COMPUTER TO TYPE ON THIS FORM

**Please read the implications and instructions below.**

- **NOTE:** You cannot save the changes that you make to this form.\* All information will be lost when you close the file.
- You must type the necessary information onto the form and print it immediately. Keep a copy for your records before mailing it along with all other required materials to NAEA.
- To type on this form in Adobe Acrobat Reader, simply move the cursor to the line on which you would like to type, and key in the appropriate information. You may also use the tab key to move from line to line.

\* Changes to this form can be saved if the form is opened in Adobe Acrobat version 6.0 or later.

# 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: