

AFFIRMATION OF CANDIDACY FORM
SDEA/NEA EXECUTIVE OFFICER OR NEA DIRECTOR

I, _____, have declared my intention to run for the following office:

_____ President

_____ Vice President

_____ Treasurer

_____ NEA Director

By filing and signing this Affirmation of Candidate form, I hereby declare and affirm that I will abide by the Campaign Regulations for Candidates for SDEA/NEA Office and Election Procedures policies of the SDEA/NEA Board of Directors and that I understand my failure to do so may result in disciplinary action being taken by the SDEA/NEA Board of Directors.

As a candidate I request the following from SDEA/NEA:

_____ Board minutes of the last year

_____ Budget

_____ Monthly Financials

_____ Meeting with the CFO

As a candidate I wish to be contacted at the following email address with the notification of the results of the election.

Email: _____

For publication on the SDEA/NEA website: How many members obtain more information about you and your candidacy? (Optional)

Signature of Candidate

Date

PRINT AND RETURN
BY MAIL TO:

SDEA PRESIDENT
ATTN: ELECTIONS
411 EAST CAPITOL AVE
PIERRE, SOUTH DAKOTA 57501

OR SCAN AND EMAIL TO brooke.quinlivan@sdea.org