

**WASHOE EDUCATION ASSOCIATION**

**NOMINATION FORM**

**To be submitted to the WEA Office and the WEA Elections Committee Chair.**

Please place my name \_\_\_\_\_  
(Print Name)

on the WEA ballot for \_\_\_\_\_.  
(Office or Position)

**I understand that this form must be on file in the WEA Office prior to the deadline for closing nominations.**

**Please return a brief background sketch (SEVENTY-FIVE WORDS OR FEWER) with this nomination form. If none is received by the deadline for closing nomination, your name and school will be the ONLY information printed on the ballot.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Personal Phone

\_\_\_\_\_  
Personal email

**You WILL receive an email confirmation when your nomination is processed. If you do not see confirmation before 8am the day after nominations close, contact the WEA office or the Elections Committee Chair ASAP.**