



APPALACHIAN TEACHER'S ASSOCIATION
ASSOCIATION DES ENSEIGNANT(E)S DES APPALACHES

Telephone 819-843-2630

E-mail: ataunionofficer@gmail.com

NOMINATION FORM

This form must be completed and returned to: ataunionofficer@gmail.com by 12:00 p.m.,
Tuesday, April 16, 2024

We, the undersigned teachers, members of the ATA, do hereby nominate

_____ for the position of _____
_____ on the 2024-2025 ATA Executive.

Name	School / Centre
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

CONSENT FORM

I, _____, teacher at _____
Print name Name of School or Centre

hereby consent to let my name stand for election for the position of _____
_____ on the 2024-2025 ATA Executive.

I am willing to act, if I am duly elected, according to the articles of the Constitution of the
Appalachian Teachers' Association

Signature

Date