

LIST OF NOMINATORS



Candidate Name _____

Your list of nominators must be submitted by 1700, January 14, 2025.

Nominators must be either active or associate ATA members and eligible to vote in the geographic district of the candidate.

Please ensure all requested information is provided to allow for efficient confirmation of your nomination.

First and Last Names <i>(please print clearly)</i>	Signature	Address	E-mail address	Phone number	School name	Employing Board <i>(if active member status applies)</i>
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Candidate Name _____

First and Last Names <i>(please print clearly)</i>	Signature	Address	E-mail address	Phone number	School name	Employing Board <i>(if active member status applies)</i>
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Candidate Name _____

First and Last Names <i>(please print clearly)</i>	Signature	Address	E-mail address	Phone number	School name	Employing Board <i>(if active member status applies)</i>
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Candidate Name _____

First and Last Names <i>(please print clearly)</i>	Signature	Address	E-mail address	Phone number	School name	Employing Board <i>(if active member status applies)</i>
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Candidate Name _____

First and Last Names <i>(please print clearly)</i>	Signature	Address	E-mail address	Phone number	School name	Employing Board <i>(if active member status applies)</i>
42.						
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