ASSOCIATION OF BAY COUNTY EDUCATORS

**FEA DELEGATE ASSEMBLY**

NOMINATION FORM

Nominations are open for the 2024 FEA Delegate Assembly to be held on October 10 -12, 2024 at the Rosen Centre Hotel in Orlando. ABCE is eligible to send **15** fundeddelegates. The ABCE President serves as a delegate by virtue of office. The remaining 14 delegates and additional 5 alternate slots are available for nomination by any member in good standing. (Expense reimbursement funds not guaranteed at this time.)

**Completed** **nomination forms must be provided to the ABCE Elections Chair by the beginning of the AR meeting on February 20, 2024 at the ABCE Office or returned to the ABCE Office by emailing** [**lisa.williams@floridaea.org**](mailto:lisa.williams@floridaea.org)**, via courier or delivery to ABCE Office, Elections Chair (leave in the mailbox) no later than the start of the AR meeting on February 20, 2024 at 4:30 PM.**

In accordance with the FEA and ABCE Constitution and Bylaws, the selection of the delegates will be by open nomination and secret ballot. All members in good standing are eligible to serve as a delegate. The delegates elected will receive an expense allocation as determined by the ABCE Representative Council. The date, time, and method of elections will be posted on the ABCE bulletin board, if required.

You can nominate either yourself or another ABCE member, but permission of the nominee is required. Please complete the form below.



**NOMINATION FORM**

**2024 FEA DELEGATE ASSEMBLY**

NAME OF NOMINEE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMINEE’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON MAKING NOMINATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_