

VIRGINIA ART EDUCATION ASSOCIATION

STATE AND REGIONAL OFFICE NOMINEE CONSENT TO SERVE FORM

I understand that my name has been put forward for nomination to the position of VAEA:

President, Vice President, Secretary, Treasurer

If I am selected for the final slate of nominees for this office, and if I am elected, I agree to serve.

Signature

Date

Please provide the following information, complete the attached Standardized Vita Form and return it, along with a black and white photograph, to the Nominations Committee Chair, no later than July 1.

Name _____

Home Address _____

Home Phone (indicate best time to call) _____

E-mail Address _____

Current Professional Position _____

Percent of time in this position _____ Work Phone (Indicate best time to call) _____

Employer _____

Address _____

Summer Address (if different from above) _____

_____ Summer Phone _____

Please note that this information, and that on the Standardized Vita Form, will be used by the Nominating Committee in its process of selecting the final slate of candidates. We appreciate your willingness to provide this information and encourage you to make it as complete as possible with the space available. Do not attach additional or substitute materials. Because of the extensive distribution to the committee that is required by the process, it is important to keep information as concise as possible. Thank you for your willingness to be considered for VAEA state office or an office in your region. These positions are essential in establishing the goals and policies of VAEA and are significant in determining the future of art education in the schools of this state.