

**Virginia Art Education Association**

**NOMINATION FORM 2024**

**Please type or print neatly.**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Nominator Name of Nominee

for the office of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and attest they are an VAEA member.

**Nominee Information**

Full Name of Nominee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Dr., Mr., Ms., Mrs.) First M.I. Last

Membership Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAEA ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/ P.O. Box City State Zip

Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Building Street/ P.O. Box City State Zip

Home Phone ( ) Work Phone ( ) E-mail

**Nominator Information**

Full Name of Nominator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Dr., Mr., Ms., Mrs.) First M.I. Last

Nominator’s Home Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/ P.O. Box City State Zip

Work Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Building Street/ P.O. Box City State Zip

Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATIONS MUST BE RECEIVED BY JUNE 15**



**Virginia Art Education Association**

**STANDARDIZED VITA FORM 2024**

LIST degrees held, institution(s), and other education

LIST Virginia Art Education Association and NAEA national and SE regional art education association activities, including offices held, committees, honors, service, etc.

LIST VAEA regional (Blue Ridge, Central, N VA, SW Tidewater) and local art education association activities, including offices held, committees, honors, service, etc.

LIST other leadership roles and accomplishments:

LIST memberships in professional organizations, including offices held, committees, honors, service, etc.

LIST publications and/or personal exhibits:

LIST other teaching and/or related experience:



**Virginia Art Education Association**

**CONSENT TO SERVE FORM 2024**

I understand that my name has been put forth for nomination to serve in one of 4 elected positions on the NAEA Board of Directors:

* President - if elected, I will serve 4 years, 2 as President and 2 as Past President
* Vice President, Secretary, or Treasurer - if elected, I will serve 2 years.

The position I am being nominated for is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If selected by the Nominating Committee to be a candidate, I consent to being placed on the ballot for this position, and if elected by the membership, I consent to serve and will meet expectations as described in the VAEA Board and Advisory Council Position Descriptions and Responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please provide the following:

* Standardized Vita Form
* a color photograph
* letter from your nominator

All of the above must be received by e-mail by June 15.

Name:

Home Address:

Cell Phone: Work Phone:

E-mail:

Employer:

Address:

Please note that this information, and that on the Standardized Vita Form, will be used by the Nominating Committee in the review and selection process to determine the final slate of candidates. We appreciate your willingness to provide all information and encourage you to make it as complete and concise as possible within the space available. Do not attach additional or substitute materials.

Thank you for your willingness to be nominated and considered for VAEA state leadership service.