

**OASNP Declaration of Candidacy**  
**Chairperson, Vice-Chairperson, Secretary, Treasurer,**  
**School District Representative**

Two Year Term – March 2020-2022

(Circle position for candidacy.)

NAME: \_\_\_\_\_

(Please Print or Type Name as it appears on the OEA Membership Records)

NAME (Ballot): \_\_\_\_\_

(Please print your name as you would like it to appear on the Ballot)

STREET ADDRESS: \_\_\_\_\_

CITY STATE ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ LOCAL ASSOCIATION: \_\_\_\_\_

Ten-Digit OEA Individual ID No.: \_\_\_\_\_

(From OEA Membership Card or Ohio Schools Magazine)

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEADLINE FOR RECEIPT OF DECLARATION OF CANDIDACY FORM IS FEBRUARY 15, 2020

Please return form to:

Christina West, OASNDP Chairperson  
Ohio Association of Special Needs Professionals  
Canton OEA UniServ Office  
4061 Bradley Circle NW  
Canton, Ohio 44718-2565

THIS FORM MAY BE REPRODUCED