

**INTENT TO RUN
SELF-DECLARED CANDIDACY FOR REGION DIRECTOR**

I, _____ am self-declaring my candidacy for Region Director.

I am a member of _____ PTA

Qualifications for Region Director (WSPTA Uniform Bylaws Article 7, Section 2, b)

I have served on the Region Service Delivery Team for two (2) years, or on the Region Service Delivery Team for one (1) year and as a local unit or council officer for one (1) year, or as a Local Unit or Council Officer for two (2) years, or on the WSPTA Board of Directors for at least one (1) year and shall reside within the region to be represented.

Local Unit Officer:

Name of PTA _____

Position _____ Year _____

Name of PTA _____

Position _____ Year _____

Council Officer:

Name of Council _____

Position _____ Year _____

Name of Council _____

Position _____ Year _____

Service Delivery Team:

Name of Region Director _____

Year _____

Name of Region Director _____

Year _____

WSPTA Board of Directors:

Position _____ Year _____

Candidate's Consent:

I meet the requirements as specified in the Uniform Bylaws for the position of Region Director; I understand the duties of the position; and, I am willing to accept the responsibilities of the position, if elected.

Candidate's Signature:

Address:

Phone: _____ email _____

Complete both sides of this form and mail to the State PTA office postmarked no later than December 7th. Both an Intent to Run and a Declaration of Good Faith must be submitted to the WSPTA office no later than December 7th to be eligible to run for the office of Region Director. You will receive notification when these are received. Candidates may submit a resume/personal statement (limited to 1-page, 2-sides) to be included with ballots. Campaigning may begin after notification that the Nominating Committee report has been mailed by the Executive Director to the members of the WSPTA Board of Directors and the presidents of all councils and local units. The region director job description and other information are available on the web site or you may contact the WSPTA office or your region director.

Washington State PTA

Declaration of Good Faith

I, _____ declare that I am a 2007-2008 member of
_____ PTA, Local Unit Number:
_____._____._____, membership number _____, and that at the time of filing this
Declaration, I am qualified to assume the office, if elected of Region Director of the
Washington State PTA; and, that I hereby declare myself a candidate for that office.

I further acknowledge that I understand the duties and responsibilities of the office, and I am
prepared to fulfill them.

Affidavit

I have read and understand the campaign/election policies and guidelines of the Washington
State PTA. Further, I agree to abide by and conform to these policies and guidelines.

Name: _____

Signature: _____

Date: _____

Please sign and return to the WSPTA office no later than December 7th.

Washington State PTA
Candidate Response
2003 65th Avenue West
Tacoma WA 98466