

**ALABAMA ASSOCIATION OF CLASSROOM TEACHERS (ACT)
NOMINATION FORM**

I, _____, do hereby nominate
_____ for the position of
_____ of the Alabama Association of Classroom Teachers.
Local Association: _____
Signed: _____
Date: _____

ALABAMA ASSOCIATION OF CLASSROOM TEACHERS (ACT) ACCEPTANCE FORM

I, _____, do hereby accept the nomination
from _____ for the position of
_____ of the Alabama Association of Classroom Teachers.
Local Association: _____
Mailing address, including city, state, and zip code:

Phone number: _____
Email address: _____
Signed: _____
Date: _____

**Nominations should be received no later than December 15, 2020, 4:45 p.m. Send to:
JoAnn Wilson, ACT President
Suzanne Clemons, Director
Education Policy & Professional Practice
PO Box 4177
Montgomery, AL 36103-4177**