

**SCOPE DECLARATION OF CANDIDACY FORM  
DELEGATE TO THE NEA REPRESENTATIVE ASSEMBLY  
Summer 2024 - Philadelphia**

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

MAILING ADDRESS: \_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city and zip code)

HOME TELEPHONE: \_\_\_\_\_  
(include area code)

Home EMAIL: \_\_\_\_\_

EMPLOYING AGENCY: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city and zip code)

WORK TELEPHONE: \_\_\_\_\_  
(include area code)

My signature affirms that I am a member in good standing of the State Council of Professional Educators. I agree fully that, if elected to the position of SCOPE Delegate to the NEA Representative Assembly, I shall willingly carry out the duties and responsibilities as stated in the SCOPE Constitution and Bylaws

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

SCOPE Elections Committee  
PO Box 305  
Hayesville, OH 44838

