**1st Time Applicant ­­­­­\_\_\_\_\_\_\_\_\_ Reapplying ­­­­\_\_\_\_\_\_\_\_\_**

Name

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Work Phone

Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Association**

Local Name Region

**Membership Type**

K-12 Teacher ESP \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Higher ED \_\_\_\_\_\_\_\_\_\_ Retired \_\_\_\_\_\_\_\_\_\_

What year did you join the Illinois Education Association-NEA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe your organizing skills** (e.g., community, church, volunteer, or political activities):

**What are your thoughts on politics and education?**

**Do you understand that in this role, once an organizational position is taken, active support for this policy or political position is expected? YES NO**

**By committing to this role you understand that the information in the reports you submit is privileged and for internal use only?**  **YES NO**

**If the requirements of the position are not satisfied after review by the region chair, it could constitute reasons for removal from the GPA role. YES NO**

**Applicant Signature DATE**

**Region Chair Signature DATE**

**UniServ Director Signature DATE**

*Please submit completed and signed applications to Shannon Miller* [*Shannon.miller@ieanea.org*](mailto:Shannon.miller@ieanea.org) *by July 7, 2023*