

# Indiana Council of Teachers of Mathematics (ICTM) Board of Directors Nomination Form

Please Check The Position For Which You Wish To Be Nominated

- Elementary School Representative – 3 year term
- Middle School Representative – 3 year term
- High School Representative – 3 year term
- College Representative – 3 year term
- Secretary
- Treasurer
- President

**You must be a current member of ICTM.**

ICTM Membership Number (if Known) \_\_\_\_\_

Your name: \_\_\_\_\_

Name of school and your position: \_\_\_\_\_

Home address: \_\_\_\_\_

School Address: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ School Phone:(\_\_\_\_\_) \_\_\_\_\_

School e-mail address: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Home e-mail address: : \_\_\_\_\_

Briefly state why you would like to be a member of the ICTM Board of Directors  
(Continue on an additional sheet if necessary):

Include a brief biography (include teaching experience, awards, memberships,  
presentations, publications, etc. Continue on an additional sheet if necessary):  
(Please note: your statement and biography may be edited in preparing the election ballot)

Signatures of three current ICTM members (not including the nominee) :

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

This form should be returned to the ICTM Registrar, Jolene Swinehart, 20258 Blue Heron Drive,  
Goshen, IN 46258 or  
e-mail Jolene at: [joleneswinehart@comcast.net](mailto:joleneswinehart@comcast.net) **no later than July 15, 2009.**