



## NEW YORK STATE ASSOCIATION FOR BILINGUAL EDUCATION

Physical Address: 155 Avenue of the Americas, Suite 401, New York, NY 10013

Mailing Address: P.O. Box 2058, Liverpool, New York 13089

Tel: 212-998-5104 | [info@nysabe.net](mailto:info@nysabe.net) | [www.nysabe.org](http://www.nysabe.org)

### **NYSABE 2026 NOMINEE INFORMATION SHEET**

**Nomination for Board of Directors:**  President-Elect  Secretary-Elect  Treasurer-Elect

**NOMINEE INFORMATION:** (The following information is required for the individual completing this nomination.)

<b>Name of Nominee:</b>	<b>Professional Position:</b>
<b>Professional Address:</b> _____	<b>City, State, Zip code:</b>
<b>Home Address:</b>	<b>City, State Zip code:</b>
<b>Cell Phone:</b>	<b>Preferred E-mail:</b>

**SERVICE TO NYSABE:** (The following information is required for the individual who is being nominated.)

Provide a summary of the nominee's demonstrated service to NYSABE, highlighting key contributions and years of service. (Maximum 250 words)

**Name of the person being nominated:**

Position: \_\_\_\_\_ Year: \_\_\_\_\_

Position: \_\_\_\_\_ Year: \_\_\_\_\_

Years as a Member: \_\_\_\_\_

**Send all forms to the First Nominator to compile as a single nomination packet. Submit the completed Nomination packet to Dr. Bernice Moro at [elections@nysabe.net](mailto:elections@nysabe.net) by May 15, 2026. 11:59 pm (EST). ONLY COMPLETE PACKETS WILL BE CONSIDERED.**



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**Nomination for Board of Directors:**  President-Elect  Secretary-Elect  Treasurer-Elect

**STATEMENT: (To be completed by the person nominating the candidate.)**

**Name of Nominee:**

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**Submit a statement in the space provided below explaining why the nominee would be a strong candidate. (No more than 400 words).**

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