

**Alabama Association of Classroom Teachers (ACT)
Nomination Form**

I, _____, do hereby nominate
_____ for the position of
_____ of the ACT.

Signed: _____

Date: _____

**Alabama Association of Classroom Teachers (ACT)
Acceptance Form**

I, _____, do hereby accept
the nomination for _____ of the Alabama
Association of Classroom Teachers.

Signed: _____

Date: _____

**Nominations should be received no later than February 13, 2012. Send to:
Sheila Remington, ACT President
Dr. Tyna Davis, Manager
Education Policy & Professional Practice
PO Box 4177
Montgomery, AL 36103-4177**