

RETIRED TEACHERS ASSOCIATION OF CHICAGO



application for (Re)election to the Board of Directors

Please also use the form on page 3 if you are applying for a position

on the RTAC 2026-2027 Executive Committee

Page 1

Please type your responses in the spaces provided and submit the completed application via e-mail to ArCrandall@rtac.org.

Additional pages may be added if the provided space is too small.

Name (Dr Mr Mrs	Last		First	Middle				
Iome Address								
Number	Street	City	State	Zip				
Iome Telephone	Emergency Ph	one	Cell Phone					
Number		Number		Number				
pouse's Name	Maiden Name							
-mail address	Highest Military Rank							
omputer Skills: Basic Every Degrees Earned (Include the name	•			Chrom				
		,						

If nessary, you may **attach** additional sheet(s). Other employment (Include dates and positions):

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Community Activities/Organizational Affiliations (Include offices held):
Hobbies and other activities:
New initiatives or activities that you have brought or would like to bring to RTAC:
Which two committees would you like to be a part of and why?
Signature Date
Your (<i>typed</i>) signature certifies that the above information is accurate, that you have read the RTAC bylaws, that you agree to being (re)elected as a Director of RTAC and are submitting a completed Conflict of Interest form. (The bylaws are available here and the Conflict of Interest form is here .)

E-mail this completed application on or before May 1, 2025 to Office@rtac.org at
The Retired Teachers Association of Chicago

111 N. Wabash Ave., Suite 2010, Chicago, IL 60602

Please also use the form on page 3 to apply for a position on the Executive Committee.

The submission deadline for a 2026-2027 Directorship is April 30, 2025





RETIRED TEACHERS ASSOCIATION OF CHICAGO

Please use this form if you are applying for a position on the 2026-2027 RTAC Executive Committee

Page 3

Home Telephone _ Number of years the state of the state o	Number Number hat you have to	Street Emergency peen a Board r	City Phone	First Ce	State	Middle Zip
Home Telephone _ Number of years the state of the state o	Number Number hat you have to	Street Emergency peen a Board r	Phone	Number Ce		_
Number of years the Number	Number hat you have b considered for	een a Board n		Number Ce	ll Phone _	
I would like to be Secre	hat you have be considered for		nember:	Number		
Secre (If you	_		e Committee			Number
	etary; Treasu u select more th	arer; 2 nd Vice nan one, please	e President; number your c	1 st Vice Preside hoices in order of	nt; Presi	ident e.)
Why do you want to	be a member of	of the Executive	Committee?	Addit	tional pages i	may be add
Beyond those of a D	Director, what a	dditional skills	will you bring	to the Executive	e Committee	;?
Signature				Date _		

Your (*typed*) signature certifies that the above information is accurate, that you have read the RTAC bylaws, that you agree to being elected to a position on the <u>RTAC Executive Committee</u> and are submitting a completed Conflict of Interest form. (The bylaws are available <u>here</u> and the Conflict of Interest form is <u>here</u>.)

E-mail this completed application for a position on the <u>Executive Committee</u> on or before April 30, 2025 Office@rtac.org

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