

Hillsborough Classroom Teacher Association
3102 North Habana Avenue
Tampa, FL 33607
(813) 238-7902



WORK LOCATION

ELECTION COORDINATOR

Staff Rep Initials: _____

HCTA ASSOCIATION REPRESENTATIVE ELECTION

YOUR SCHOOL IS CURRENTLY ENTITLED TO _____ TEACHER REPRESENTATIVE(S),
_____ TEACHER ALTERNATE REP(S), 1 ESP REPRESENTATIVE(S), AND 1 ESP
ALTERNATE REP(S) FOR THE 2021-2022 SCHOOL YEAR.

→ → ONE SENIOR REPRESENTATIVE PER WORKSITE: TEACHER OR AN ESP

SENIOR REPRESENTATIVE

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

REGULAR REPRESENTATIVE(S)

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

Hillsborough Classroom Teachers Association
A Union Of Education Professionals
Affiliated with FEA, NEA, AFT, AFL-CIO
(OVER)

REGULAR REPRESENTATIVE(S)

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

ALTERNATE REPRESENTATIVE(S)

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

LAWSON# _____ NAME _____ TEACHER D ESP D

CELL PHONE _____ HOME PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ ZIP _____

PERSONAL EMAIL ADDRESS _____

IF ADDITIONAL SPACE IS NEEDED -- PLEASE ATTACH SHEET

