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<http://elt.nysut.org/>

## SRP SEMINAR FACILITATOR CANDIDATE APPLICATION FORM

*Please Print*

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Local Union Name \_\_\_\_\_

Local President's Name \_\_\_\_\_

***By signing, you attest that the applicant is in good standing with the union***

\_\_\_\_\_  
*Signature of Local President*

\_\_\_\_\_  
*Date*