



COQUITLAM TEACHERS' ASSOCIATION

#208-2502 ST. JOHNS STREET, PORT MOODY, B.C. V3H 2B4
TELEPHONE 936-9971 FAX 936-7515

*** PLEASE USE BLACK INK ***
Note that only this *front page* will be submitted for consideration.

BCTF AGM DELEGATE CURRICULUM VITAE

Personal Pronouns: _____ Name (including middle): _____

School: _____ NonSD43 email: _____

Teaching Assignment _____

Local Association/BCTF/PSA Background (most recent or pertinent):

<u>Year</u>	<u>Position/Committee</u>
_____	_____
_____	_____
_____	_____
_____	_____

AGMs Attended: _____

Other Related Experience:

Statement (150 words maximum):

Define the major issues you see facing the CTA/BCTF & make a general statement about your approach to these issues.

