

## NOTICE FROM DELEGATE TO LOCAL PRESIDENT TO SEAT A DULY ELECTED ALTERNATE

(This portion to be completed by delegate unable to attend the MEA Representative Assembly)

TO:	Local President						
move	s to certify that I will not b (year). You are hereb an alternate from our off esentative Assembly.	y authorized, in a	accordance wi	th the provis	ions of our <mark>l</mark>	_ocal Const	titution, to
Date_		_ Signed					
Local		Address					
	portion to be completed						
This is	s to certify that						
		(Name of C	Official Alterna	te)			
(Addr	ess)			(City)		(State)	(Zip)
(Scho	ol Phone)	(Ho	me Phone)				
a duly	velected alternate, will ta	ke the place of _			of Delegate)	)	
to act	as delegate to the Repre	sentative Assem	nbly to be held	in	_ (year) for	the	
	(Name of Loca	al)	, Region _				
		Signed	Name of Local F	President Red	ion Presiden	t or Roard M	lemher)

Email this completed form to <u>mea\_ra@mea.org</u> or mail to Michigan Education Association, Executive Office, P.O. Box 2573, East Lansing, MI 48826-2573.

PLEASE NOTE: The alternate replacing the delegate must be "duly elected" and the Executive Office must have the alternate on record. If the alternate has not previously been reported to the Executive Office, please complete and submit an alternate election form.

Representatives of Minority 3-1(g) delegates can only be replaced by an alternate who has run as a Representative of Minority 3-1(g) candidate.