

**OFFICIAL REPORT OF MICHIGAN EDUCATION ASSOCIATION LOCAL ELECTIONS**  
**(Please return to your local Uniserv Office within 30 days after elections are held)**

**NAME OF LOCAL:** \_\_\_\_\_ EA \_\_\_ ESP \_\_\_ REGION# \_\_\_ **DATE OF ELECTION:** \_\_\_\_\_  
(Full name of local)

**PRESIDENT:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**NAME OF PAST PRESIDENT:** \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**SECRETARY:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**TREASURER:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**LOCAL MEMBERSHIP CHAIR:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICIAL REPORT OF MICHIGAN EDUCATION ASSOCIATION LOCAL ELECTIONS**  
(Please return to your local Uniserv Office within 30 days after elections are held)**MISC. POSITIONS****PAC CHAIRPERSON:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**MEA-PAC DELEGATE:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**REGION COUNCIL DELEGATE:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**REGION COUNCIL DELEGATE:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**COORDINATING COUNCIL DELEGATE:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Term Begins: \_\_\_\_\_ (exact date required) Term Expires: \_\_\_\_\_ (exact date required)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_