

OFFICIAL REPORT OF MEA REPRESENTATIVE ASSEMBLY ALTERNATES**FULL NAME OF LOCAL:** _____ **EA** _____ **ESP** _____**Region #:** _____ **Date of Election:** _____**ALTERNATE NAME:** _____ **Rep. of Minority 3-1(g):** Yes ___ No ___

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home/Cell Phone: _____ Work Phone: _____

Term Begins: September 1, _____ [year] **Term Expires:** August 31, _____ [year]

(or term effective immediately as of _____ / _____ / _____ due to vacancy)

ALTERNATE NAME: _____ **Rep. of Minority 3-1(g):** Yes ___ No ___

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home/Cell Phone: _____ Work Phone: _____

Term Begins: September 1, _____ [year] **Term Expires:** August 31, _____ [year]

(or term effective immediately as of _____ / _____ / _____ due to vacancy)

ALTERNATE NAME: _____ **Rep. of Minority 3-1(g):** Yes ___ No ___

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home/Cell Phone: _____ Work Phone: _____

Term Begins: September 1, _____ [year] **Term Expires:** August 31, _____ [year]

(or term effective immediately as of _____ / _____ / _____ due to vacancy)

Signature: _____ **Title:** _____ **Date:** _____**Within 30 days of the election, this form must be emailed to mea_ra@mea.org, faxed to 517-337-5587 or mailed to: MEA Executive Office, P.O. Box 2573, East Lansing MI 48826-2573**