

**OFFICIAL REPORT OF MEA REPRESENTATIVE ASSEMBLY DELEGATES****FULL NAME OF LOCAL:** \_\_\_\_\_ **EA** \_\_\_\_\_ **ESP** \_\_\_\_\_**Region #:** \_\_\_\_\_ **Date of Election:** \_\_\_\_\_**DELEGATE 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)

**DELEGATE 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)

**DELEGATE 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](mailto:mea_ra@mea.org), faxed to 517-337-5587  
or mailed to: MEA Executive Office, P.O. Box 2573, East Lansing MI 48826-2573