

OFFICIAL REPORT OF MEA AND NEA REPRESENTATIVE ASSEMBLY ALTERNATE DELEGATES

FULL NAME OF LOCAL: _____ EA _____ ESP _____

Region #: _____ Date of Election: _____

ALTERNATE NAME: _____ **MEA RA Alternate** **NEA RA Alternate**

Delegate 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) **Rep. of Minority 3-1(g): Yes ___ No ___**ALTERNATE NAME: _____ **MEA RA Alternate** **NEA RA Alternate**

Delegate 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) **Rep. of Minority 3-1(g): Yes ___ No ___**ALTERNATE NAME: _____ **MEA RA Alternate** **NEA RA Alterante**

Delegate 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) **Rep. of Minority 3-1(g): Yes ___ No ___****Signature:** _____ **Title:** _____ **Date:** _____*(Typed name is acceptable if signee emails form)***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**