

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:** _____