

OFFICIAL REPORT OF MICHIGAN EDUCATION ASSOCIATION LOCAL ELECTIONS

Within 30 days of the election, forms must be completed and returned to your local UniServ office

Please mail/email to: _____

FULL NAME OF LOCAL: _____ EA ____ ESP ____ REGION# ____ **DATE OF ELECTION:** _____**PRESIDENT:** _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

CO-PRESIDENT (if applicable): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

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)

CO-VICE PRESIDENT (if applicable): _____

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)

The election form has been completed by:

Printed name: _____ Signature: _____ Date: _____

(Printed name acceptable if form is emailed)

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Within 30 days of the election, forms must be completed and returned to your local UniServ office

Please mail/email to: _____

FULL NAME OF LOCAL: _____ EA ___ ESP ___ REGION# _____ **DATE OF ELECTION :** _____**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)

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)

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)

SUMMER SUPPLIES RECIPIENT: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

The election form has been completed by:

Printed name: _____ Signature: _____ Date: _____

(Printed name acceptable if form is emailed)