

## **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# <b>D</b> A	ATE OF E	LECTION:
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 applic	able):				
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 be	en completed by:				
Printed name:	Signa	ture:		Da	ate:
		(Printed nar	ne acceptable if form is email	.ed)	
	FOR OFFICE USE ONLY:ENTERED OFFIC	CERS IN NETFORUM	_ CONFIRMED ELIGIBILITY STA	ATUS	



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