

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# D 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	



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

ome Phone: kact date required) ome Phone: kact date required)	City: Term Expires: City:	_ REGION# D	_State:_	Zip:
ome Phone: kact date required) ome Phone: kact date required)	City: Term Expires: City:	Work Phone: _		
ome Phone: kact date required) ome Phone: kact date required)	Term Expires: City:	Work Phone: _		
ome Phone: kact date required) ome Phone: kact date required)	Term Expires: City:	Work Phone: _		
xact date required) Dime Phone: Kact date required)	Term Expires: City:			
ome Phone: (act date required)	City:			_ (exact date required)
ome Phone: kact date required)	City:			
ome Phone: kact date required)	City:			
ome Phone: kact date required)			_State:_	Zip:
kact date required)				
		Work Phone: _		
	Term Expires:			_(exact date required)
	City:		_State:	Zip:
ome Phone:		Work Phone: _		
(act date required)	Term Expires:			_(exact date required)
	City:		_State:_	Zip:
ome Phone:		Work Phone: _		
(act date required)	Term Expires:			(exact date required)
	City:		_State:_	Zip:
ome Phone:		Work Phone: _		
(act date required)	Term Expires:			_(exact date required)
	City:		_State:_	Zip:
				<u> </u>
ome Phone:		Work Phone: _		
(act date required)	Term Expires:			_ (exact date required)
by:				
Signa	ture:	me acceptable if form is ema	Da	ate:
	ome Phone: come Phone: come Phone: come Phone: come Phone: come Phone:	ome Phone:	Dome Phone:	ome Phone: