

OFFICIAL REPORT OF MEA AND NEA REPRESENTATIVE ASSEMBLY ALTERNATES

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, 1350 Kendale Blvd., East Lansing MI 48823

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] Note: RA delegate terms must begin
In September and end in August

(or term effective immediately as of _____ due to vacancy) **Rep. of Minority 3-1(g): Yes ___ No ___**
(Exact date required)

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The election form has been completed by:

Printed name: _____ Signature: _____ Date: _____

(Printed name acceptable if form is emailed)