

**OFFICIAL REPORT OF MEA AND NEA REPRESENTATIVE ASSEMBLY DELEGATES**

Within 30 days of the election, this form must be emailed to [mea\\_ra@mea.org](mailto: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:** \_\_\_\_\_

**DELEGATE NAME:** \_\_\_\_\_ **MEA RA Delegate** \_\_\_ **NEA RA Delegate** \_\_\_

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)

**DELEGATE NAME:** \_\_\_\_\_ **MEA RA Delegate** \_\_\_ **NEA RA Delegate** \_\_\_

Delegate Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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(Exact date required)

**The election form has been completed by:**

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Printed name acceptable if form is emailed)