

OFFICIAL REPORT OF MICHIGAN EDUCATION COORDINATING COUNCIL ELECTIONS

PLEASE RETURN COMPLETED FORM TO YOUR LOCAL UNISERV OFFICE

Email to: _____

or mail to: _____

(It is important that this form is returned promptly)

COORDINATING COUNCIL: _____

DATE OF ELECTION: _____

ROLE	NAME	LOCAL	TERM BEGINS	TERM ENDS
President				
Vice President				
Secretary				
Treasurer				
Elections Chair				
Nominations Chair				
Caucus Chair				

Submitted by:

Date: