

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

(can also be faxed to 517-337-5587 or mailed to MEA Executive Office, 1350 Kendale Blvd., East Lansing MI 48823)

DATE OF ELECTION: _____

FULL NAME OF LOCAL: _____ EA ____ ESP ____ REGION# ____

The election form has been completed by:

Printed name: _____ Signature: _____ Date: _____
(Local President or Elections Chair) (Printed name acceptable if form is emailed)

ALTERNATE NAME: _____ **MEA RA ALTERNATE** ____ **NEA RA ALTERNATE** ____

ALTERNATE Email Address: _____ **Rep. of Minority 3-1(g):** Yes ____ No ____

Term Begins: _____ **Term Expires:** _____

(or term effective immediately as of _____ due to vacancy)

ALTERNATE NAME: _____ **MEA RA ALTERNATE** ____ **NEA RA ALTERNATE** ____

ALTERNATE Email Address: _____ **Rep. of Minority 3-1(g):** Yes ____ No ____

Term Begins: _____ **Term Expires:** _____

(or term effective immediately as of _____ due to vacancy)

ALTERNATE NAME: _____ **MEA RA ALTERNATE** ____ **NEA RA ALTERNATE** ____

ALTERNATE Email Address: _____ **Rep. of Minority 3-1(g):** Yes ____ No ____

Term Begins: _____ **Term Expires:** _____

(or term effective immediately as of _____ due to vacancy)

ALTERNATE NAME: _____ **MEA RA ALTERNATE** ____ **NEA RA ALTERNATE** ____

ALTERNATE Email Address: _____ **Rep. of Minority 3-1(g):** Yes ____ No ____

Term Begins: _____ **Term Expires:** _____

(or term effective immediately as of _____ due to vacancy)

ALTERNATE NAME: _____ **MEA RA ALTERNATE** ____ **NEA RA ALTERNATE** ____

ALTERNATE Email Address: _____ **Rep. of Minority 3-1(g):** Yes ____ No ____

Term Begins: _____ **Term Expires:** _____

(or term effective immediately as of _____ due to vacancy)