

## 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)

(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)

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

Delegate Email Address: \_\_\_\_\_ Rep. of Minority 3-1(g): Yes \_\_\_\_ No \_\_\_\_

Term Begins: \_\_\_\_\_ Term Expires: \_\_\_\_\_

(or term effective immediately as of \_\_\_\_\_ due to vacancy)

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

Delegate Email Address: \_\_\_\_\_ Rep. of Minority 3-1(g): Yes \_\_\_\_ No \_\_\_\_

Term Begins: \_\_\_\_\_ Term Expires: \_\_\_\_\_

(or term effective immediately as of \_\_\_\_\_ due to vacancy)

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

Delegate Email Address: \_\_\_\_\_ Rep. of Minority 3-1(g): Yes \_\_\_\_ No \_\_\_\_

Term Begins: \_\_\_\_\_ Term Expires: \_\_\_\_\_

(or term effective immediately as of \_\_\_\_\_ due to vacancy)

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

Delegate Email Address: \_\_\_\_\_ Rep. of Minority 3-1(g): Yes \_\_\_\_ No \_\_\_\_

Term Begins: \_\_\_\_\_ Term Expires: \_\_\_\_\_

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

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(or term effective immediately as of \_\_\_\_\_ due to vacancy)