

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

(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 ____

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DELEGATE NAME: _____ MEA RA Delegate ____ NEA RA Delegate ____

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