

OFFICIAL REPORT OF MICHIGAN EDUCATION ASSOCIATION LOCAL ELECTIONS

Within 30 days of the election, forms must be completed and returned to your local UniServ office

Please mail/email to: _____

FULL NAME OF LOCAL: _____ EA ☐ ESP ☐ REGION# _____ DATE OF ELECTION: _____

PRESIDENT: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

CO-PRESIDENT (if applicable): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

VICE PRESIDENT: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

CO-VICE PRESIDENT (if applicable): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

SECRETARY: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

TREASURER: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

The election form has been completed by:

Printed name: _____ Signature: _____ Date: _____

(Printed name acceptable if form is emailed)

OFFICIAL REPORT OF MICHIGAN EDUCATION ASSOCIATION LOCAL ELECTIONS

Within 30 days of the election, forms must be completed and returned to your local UniServ office

Please mail/email to: _____

FULL NAME OF LOCAL: _____ EA ☐ ESP ☐ REGION# _____ DATE OF ELECTION: _____

LOCAL MEMBERSHIP CHAIR: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

PAC CHAIRPERSON: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

MEA-PAC DELEGATE: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

REGION COUNCIL DELEGATE: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

COORDINATING COUNCIL DELEGATE: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

SUMMER SUPPLIES RECIPIENT: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Term Begins: _____ (exact date required) Term Expires: _____ (exact date required)

The election form has been completed by:

Printed name: _____ Signature: _____ Date: _____

(Printed name acceptable if form is emailed)