

**REPORTING FORM FOR
MISSOURI NEA R.A. ALTERNATES
YEAR 2019 – 2020**

LOCAL ASSOCIATION: _____

Name of Person Reporting Delegates: _____

Home Phone: _____ School Phone: _____

Cell Phone: _____

Email: _____

Membership # _____ Number of Delegates Local is entitled to send: _____

1. Name: _____

14. Name: _____

2. Name: _____

15. Name: _____

3. Name: _____

16. Name: _____

4. Name: _____

17. Name: _____

5. Name: _____

18. Name: _____

6. Name: _____

19. Name: _____

7. Name: _____

20. Name: _____

8. Name: _____

21. Name: _____

9. Name: _____

22. Name: _____

10. Name: _____

23. Name: _____

11. Name: _____

24. Name: _____

12. Name: _____

25. Name: _____

13. Name: _____

26. Name: _____

**Please complete all the information above the heavy line and then list
your alternates (names only).**

You may submit the information on-line at

**<http://www.mnea.org/Missouri/ManualsReferences.aspx>; or by mail at Missouri NEA,
1810 E. Elm Street, Jefferson City, MO 65101; Fax: 573-634-5646 or by email:
Roxane.Bly@mnea.org or phone: 800-392-0236, Ext. 606.**

The deadline for reporting local alternates is October 1