

2023

# AFFILIATED ASSOCIATION OFFICIAL REPORT OF ELECTED DELEGATES TO THE ANNUAL REPRESENTATIVE ASSEMBLY OF THE NATIONAL EDUCATION ASSOCIATION

2023

Please complete this form as soon as election results are known. A local must forward its delegate election forms to the state affiliate by **April 10<sup>th</sup>** or a different date set by the state affiliate to the address on the States Return Addresses sheet. The state affiliate must submit all State and Local election forms electronically to NEA by **May 15<sup>th</sup>**.

State Affiliate: \_\_\_\_\_

Total Membership for Allocation: \_\_\_\_\_

Unit #: \_\_\_\_\_

Category 1 Delegates Allowed: \_\_\_\_\_

RA Unit/Local Name: \_\_\_\_\_

Category 2 Delegates Allowed: \_\_\_\_\_

President Name: \_\_\_\_\_

Total Delegates for Unit: \_\_\_\_\_

## Election Results

**First Name\*:** \_\_\_\_\_ **Last Name\*:** \_\_\_\_\_ **IND ID/Alt ID\*:** \_\_\_\_\_

**Record Type\*:** ☐ Delegate ☐ Successor **Email\*:** \_\_\_\_\_ **Cell Phone\*:** \_\_\_\_\_

**Gender\*:** ☐ Female ☐ Gender Expansive/NonConforming ☐ Male ☐ Transgender Female ☐ Transgender

Male ☐ Other ☐ Unknown **Race/Ethnicity\*:** ☐ American Indian/Alaska Native ☐ Black ☐ Hispanic ☐ Asian ☐ Native

Hawaiian/Pacific-Islander ☐ Other Race or Ethnicity ☐ Multiracial ☐ White (not Hispanic origin) ☐ Unknown

**Position:** ☐ Active Life ☐ Administrator ☐ Aspiring Educator ☐ Education Support ☐ Retired ☐ Teacher

**Level:** ☐ Higher Ed ☐ PreK-12 ☐ N/A **Term:** ☐ 1 year ☐ 2 years ☐ 3 years **Rank:** \_\_\_\_\_ **#of Votes:** \_\_\_\_\_

**First Name\*:** \_\_\_\_\_ **Last Name\*:** \_\_\_\_\_ **IND ID/Alt ID\*:** \_\_\_\_\_

**Record Type\*:** ☐ Delegate ☐ Successor **Email\*:** \_\_\_\_\_ **Cell Phone\*:** \_\_\_\_\_

**Gender\*:** ☐ Female ☐ Gender Expansive/NonConforming ☐ Male ☐ Transgender Female ☐ Transgender

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\*Required Information