

Report of Election of Delegates and Alternates to the 2012 KEA Delegate Assembly

This is to certify that at a meeting of the KEA members in the _____ local association in the _____ District, the following were elected as delegates and alternates to the 2012 KEA Delegate Assembly.

COMPLETE ALL INFORMATION REQUESTED FOR EACH DELEGATE/ALTERNATE

DELEGATES

Give name, address, zip code, membership number, last four digits of social security number, work county, email address, and list in the order of number of votes received. Also, give ethnic group and work position.

1. _____
Full Name _____
Street Address _____
City _____ **State** _____ **Zip Code** _____
Membership Number _____ **Last Four Digits of SS#** _____
Work County _____
Email Address _____
 Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
 Circle one: Classroom Teacher/Administrator/Classified

2. _____
Full Name _____
Street Address _____
City _____ **State** _____ **Zip Code** _____
Membership Number _____ **Last Four Digits of SS#** _____
Work County _____
Email Address _____
 Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
 Circle one: Classroom Teacher/Administrator/Classified

3. _____
Full Name _____
Street Address _____
City _____ **State** _____ **Zip Code** _____
Membership Number _____ **Last Four Digits of SS#** _____
Work County _____
Email Address _____
 Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
 Circle one: Classroom Teacher/Administrator/Classified

ALTERNATES

Give name, address, zip code, membership number, last four digits of social security number, work county, email address, and list in the order of number of votes received. Also, give ethnic group and work position.

1. _____
Full Name _____
Street Address _____
City _____ **State** _____ **Zip Code** _____
Membership Number _____ **Last Four Digits of SS#** _____
Work County _____
Email Address _____
 Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
 Circle one: Classroom Teacher/Administrator/Classified

2. _____
Full Name _____
Street Address _____
City _____ **State** _____ **Zip Code** _____
Membership Number _____ **Last Four Digits of SS#** _____
Work County _____
Email Address _____
 Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
 Circle one: Classroom Teacher/Administrator/Classified

3. _____
Full Name _____
Street Address _____
City _____ **State** _____ **Zip Code** _____
Membership Number _____ **Last Four Digits of SS#** _____
Work County _____
Email Address _____
 Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
 Circle one: Classroom Teacher/Administrator/Classified

Signed: _____

President or Designated Officer

Daytime Telephone: (_____) _____ Date: _____

(ALL OF THE ABOVE INFORMATION MUST BE SUBMITTED IN ORDER FOR THE FORM TO BE ACCEPTED)

Return form(s) to: Brenda Roberts, Kentucky Education Association, 401 Capital Avenue, Frankfort, KY 40601 or fax to 502-696-8913

DEADLINE: NOVEMBER 30