

## Report of Election of Alternates to the 2019 KEA Delegate Assembly

This is to certify that the following were elected as Alternates to the 2019 KEA Delegate Assembly at a meeting of the KEA members in the \_\_\_\_\_ local association in the \_\_\_\_\_ District.

### ALTERNATES

Completely fill out each space, including the member's legal name as it would appear in KEA's membership database, IMS. Nicknames or preferred names can be included in quotes. Alternates should be listed in the order of the number of votes received.

1. \_\_\_\_\_  
**Full Name** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**IMS Ind. ID 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/Student/Retired

4. \_\_\_\_\_  
**Full Name** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**IMS Ind. ID 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/Student/Retired

2. \_\_\_\_\_  
**Full Name** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**IMS Ind. ID 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/Student/Retired

5. \_\_\_\_\_  
**Full Name** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**IMS Ind. ID 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/Student/Retired

3. \_\_\_\_\_  
**Full Name** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**IMS Ind. ID 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/Student/Retired

6. \_\_\_\_\_  
**Full Name** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**IMS Ind. ID 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/Student/Retired

Printed Name: \_\_\_\_\_  
*President or Designated Officer*

Signed: \_\_\_\_\_  
*President or Designated Officer*

Daytime Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

Return form(s) to: Valerie Leathers, Kentucky Education Association, 401 Capitol Avenue, Frankfort, KY 40601  
[vleathers@kea.org](mailto:vleathers@kea.org) or fax to 502-696-8913

**DEADLINE: NOVEMBER 30**