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| **2021** | **AFFILIATED ASSOCIATION OFFICIAL REPORT**  **OF ELECTED DELEGATES TO THE ANNUAL REPRESENTATIVE ASSEMBLY**  **OF THE NATIONAL EDUCATION ASSOCIATION** | **2021** |

Please complete this form as soon as election results are known. A local *must* forward the delegate election report forms to the **STATE AFFILIATE** by **April 10**or a different date set by the state affiliate. The state affiliate must forward their State and Local delegate election report forms electronically to NEA, by **May 15**.

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| **Unit #:       (4 digit local code)**  **State:**  **Local Name:**  **Presidents Nm:**  **Presidents Address:** | | | | | | | | | | | No. of Category 1 Members  0  No. of Category 2 Members  0  (Admin. And Active Life members who have retired)  Total NEA Active Members  No. of Category 2 Delegates Allowed | | | | | | | 0  Number of Delegates Allowed    No. of NEA Active (incl. Active Life) members  or Retired members a/o Jan 15  (or Student members a/o March 15) | | | | | |
|  | | | | | | | | | | | **(To be completed by Affiliate President)** | | | | | **(To be completed by Affiliate President)** | | | | | | | |
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| Rank | | #Votes | Last Name |  | | First Name | |  | | Mailing Address: No. & Street | | | |  | | City | | | |  | State |  | Zip |
| **Delegate  Successor** | | | | | | | **Cell Phone:** | | | | | | **Personal Email (Required):** | | | | | | | | | | |
| **ID/SSN4/Alt ID:** 0  ID  SSN4  Alt ID SEX:  LEVEL:  **POSITION**:  (If ‘7’, specify:    )  *(See details on back of form)* | | | | | | **TERM**  2021  2022  2023  **Building Rep**   **NBCT** | | | | | **RACE OR ETHNIC MINORITY:**  *(Check all that apply)*  Asian  Black  Hispanic  Other Racial or Ethnic Minority | | | | | | | **Green Participant**  American Indian/Alaska Native  White (not Hispanic origin)  Native Hawaiian/Pacific Islander  Unknown | | | | | |

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| Rank | # Vote | Last Name |  | | First Name | |  | | Mailing Address: No. & Street | | |  | | City | |  | State |  | Zip |
| **Delegate  Successor** | | | | | | **Cell Phone:** | | | | | **Personal Email (Required):** | | | | | | | | |
| **ID/SSN4/Alt ID:**0  ID  SSN4  Alt ID SEX: LEVEL: **POSITION**:  (If ‘7’, specify:    )  *(See details on back of form)* | | | | | **TERM**  2021  2022  2023  **Building Rep**   **NBCT** | | | | | **RACE OR ETHNIC MINORITY:**  *(Check all that apply)*  Asian  Black  Hispanic  Other Racial or Ethnic Minority | | | | | **Green Participant**  American Indian/Alaska Native  White (not Hispanic origin)  Native Hawaiian/Pacific Islander  Unknown | | | | |

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| Rank | # Votes | Last Name |  | | First Name | |  | | Mailing Address: No. & Street | | |  | | City | |  | State |  | Zip |
| **Delegate  Successor** | | | | | | **Cell Phone:** | | | | | **Personal Email (Required):** | | | | | | | | |
| **ID/SSN4/Alt ID:**0  ID  SSN4  Alt ID SEX: LEVEL: **POSITION**:  (If ‘7’, specify:    )  *(See details on back of form)* | | | | | **TERM**  2021  2022  2023  **Building Rep**   **NBCT** | | | | | **RACE OR ETHNIC MINORITY:**  *(Check all that apply)*  Asian  Black  Hispanic  Other Racial or Ethnic Minority | | | | | **Green Participant**  American Indian/Alaska Native  White (not Hispanic origin)  Native Hawaiian/Pacific Islander  Unknown | | | | |

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| Rank | | # Votes | | Last Name |  | | First Name | | | | | |  | | | Mailing Address: No. & Street | | | |  | | City | |  | | State | |  | | Zip | | | |
| **Delegate  Successor** | | | | | | | | | | **Cell Phone:** | | | | | | | | **Personal Email (Required):** | | | | | | | | | | | | | | | |
| **ID/SSN4/Alt ID:**0  ID  SSN4  Alt ID SEX: LEVEL: **POSITION**:  (If ‘7’, specify:    )  *(See details on back of form)* | | | | | | | **TERM**  2021  2022  2023  **Building Rep**   **NBCT** | | | | | | | | | | **RACE OR ETHNIC MINORITY:**  *(Check all that apply)*  Asian  Black  Hispanic  Other Racial or Ethnic Minority | | | | | | **Green Participant**  American Indian/Alaska Native  White (not Hispanic origin)  Native Hawaiian/Pacific Islander  Unknown | | | | | | | | | | |
| I certify that the above named delegate(s) were elected in compliance with the provisions of the NEA Constitution, Bylaws, Standing Rules and policy guidelines governing such elections, including the applicable requirements of the Labor Management Reporting and Disclosure Act (LMRDA). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | |  | | | | | | Signed | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | Affiliate President | | | | | | | | | | | | | | | | | |

The following information is represented in the form of codes. Please select the appropriate code and write it in the space provided on the front of the form. Information with **\*** is required.

**SEX CODES\* LEVEL CODES\* POSITION CODES\***

F Female 0 Student or Retired 1 Teacher

M Male 1 K-12 2 Educational Support

2 Higher Education 3 Student

4 Administrator

5 Retired

6 Librarian, Counselor, Nurse

7 Other (If this position is used, please specify in space provided.)

8 Active Life

List the delegates in descending order by **Rank** or **# of Votes** (not required fields). List the delegates either by Rank or # of Votes and continue down the list. Both the # of Votes and Rank are alphanumeric fields.

Enter **Badge Name** as the delegate prefers to have printed on the badge. Be sure to include the **Last Name**. Limit to 30 characters if possible.

The IMS **Individual ID, SSN4** or **Alt ID** must be provided (*one* is required**\***). Check the box for the type of number you have provided. The Individual ID can be found on the member’s NEA Today magazine label, example: “MEMBER ID: 0001234567”.

The **TERM\*** is the years remaining (including this RA) in the individual’s elected term. Check the appropriate boxes 2021, 2022 and/or 2023. The length of the term must be on the ballot at the time of the election. The system default is 2021.

The **Building Rep** field is checked for Yes or left unchecked for No. Provides additional information about the delegate as to whether they are a **Building Representative** or not.

The **NBCT** field is checked for Yes or left unchecked for No. Provides additional information about the delegate as to whether they are a **National Board Certified Teacher** or not.

**Personal Email & Cell Phone\***

To improve delivery and availability of meeting resources for all delegates, NEA requires that each delegate and successor delegate include a ***personal*** email address so that the Association may provide secure access to online meeting resources. We collect the ***Cell Phone*** to aid in contacting delegates at the RA for various reason; emergencies, lost wallet, driver’s license, etc., or relaying information regarding family members.

**Email Restrict**

Check this box to limit the use of delegate’s personal email address for Association business only.

**Green Participant**

In continuing efforts toward good stewardship of Association resources at the Annual Meeting, NEA promotes the Green Delegate Initiative. Participating delegates who wish to “go green” will have the option of using online delegate resources in place of traditional print materials. To participate in this special initiative, check the “Green Participant” box and be sure to provide a Personal Email address.

**Race or Ethnic Minority**

The NEA Credentials Committee encourages you to report the ethnic group data requested for each delegate and successor delegate. However, failure to do so will in no way affect the individual's status as a delegate. In the event it is included, the information will be kept confidential and will be used to determine the proportion of ethnic minorities in your state delegation for purposes of meeting goals outlined in NEA Bylaw 3-1.g.

Local Affiliates must submit completed information to the state affiliate by **April 10** or a different date set by the state affiliate.

State Affiliates must submit state and local information to NEA by **May 15**.

Please be sure that successor delegate information is submitted at the same time as delegates. There is no limit on the number of successors who can be elected.