**CATEGORY 2 CLUSTERED AFFILIATED ASSOCIATIONS REPORT OF *DELEGATES AND SUCCESSOR DELEGATES***

**TO THE REPRESENTATIVE ASSEMBLY OF THE NATIONAL EDUCATION ASSOCIATION**

All-inclusive local affiliates may combine their Administrator, and Active Life who have retired, members into clusters for purposes of delegate representation. Delegates will be allocated in the ratio of 1:150 **Category 2** members in the cluster. For this specific delegate allocation, the major fraction concept **does NOT** apply. **Category 2** members, in the locals that cluster for this purpose, shall not be counted in the delegate allocation for Category 1 delegates nor be permitted to vote for Category 1 delegates. It is possible that a local may lose a delegate if its **Category 2** members are clustered.

*THIS INFORMATION MUST BE SUBMITTED TO NEA BY MAY 15.*

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| **STATE AFFILIATE NAME:** |  | |
| **NAME OF CLUSTERED AFFILIATE:** | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The following local affiliates will form a category 2 cluster: | | | | |  |  |  |  |  | Did local lose a delegate by clustering Category 2 Members? | | | |
|  | Unit # |  | Name |  | Number of Category 1 Members |  | Number of Category 2 Members |  | **Total Members** | | Yes | No |
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|  |  | **Total Category 2 Members:** | |  |  |  |  |  |  | |  |  |
|  |  | **Number of Category 2 Delegates allowed:** | |  |  |  |  |  |  | |  |  |

**DELEGATE:**

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| Rank | #Votes | Last Name |  | First Name | |  | Mailing Address: No. & Street | | |  | City | |  | State |  | Zip |
| **Badge Name** | | | | | **Cell Phone:** | | | | **Personal Email (Required):** | | | | | | | |
| **ID/SSN4/Alt ID:**0 (Circle to indicate ID, SSN4 or Alt ID) SEX:  LEVEL:  **POSITION**:  (If ‘7’, specify:    )  *(See details on back of form)* | | | | **TERM**  2022 2023 2024  **Building Rep**   **NBCT**  **First Time Delegate** | | | | **RACE OR ETHNIC MINORITY:**  *(Check all that apply)*  Asian  Black  Hispanic  Other Racial or Ethnic Minority | | | | **Email Restrict  Green Participant**  American Indian/Alaska Native  White (not Hispanic origin)  Native Hawaiian/Pacific Islander  Unknown | | | | |

**SUCCESSOR DELEGATE:**

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| Rank | #Votes | Last Name |  | First Name | |  | Mailing Address: No. & Street | | |  | City | |  | State |  | Zip |
| **Badge Name** | | | | | **Cell Phone:** | | | | **Personal Email (Required):** | | | | | | | |
| **ID/SSN4/Alt ID:**0 (Circle to indicate ID, SSN4 or Alt ID) SEX: LEVEL: **POSITION**:  (If ‘7’, specify:    )  *(See details on back of form)* | | | | **TERM** 2022 2023  2024  **Building Rep**   **NBCT**  **First Time Delegate** | | | | **RACE OR ETHNIC MINORITY:**  *(Check all that apply)*  Asian  Black  Hispanic  Other Racial or Ethnic Minority | | | | **Email Restrict  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).

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| Signature of State Association President | Date |

**SUBMIT THIS INFORMATION TO NEA BY MAY 15 - PLEASE RETAIN COPIES FOR YOUR RECORDS**

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.

**SEX CODES LEVEL CODES POSITION CODES**

F Female 0 Student or Retired 4 Administrator

M Male 1 K-12 7 Other (If this position is used, please specify position in space provided.)

TF Transgender Female 2 Higher Education 8 Active Life

TM Transgender Male

GE Gender Expansive/Non-Conforming

O Other

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

The IMS **Individual ID, SSN4** or **Alt ID** must be provided (*one* is required**\***)

The Individual ID can be found on the member’s NEA Today magazine label, example: “MEMBER ID: 0001234567”.

The **TERM\*** is the number of years remaining (including this RA) in the individual’s elected term. Check the appropriate boxes 2022, 2023 and/or 2024. The length of the term must be on the ballot at the time of the election. The system default is 2022.

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 **National Board Certified** 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 are collecting the ***Cell Phone*** this year 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.