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

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

Locals with 75 or fewer NEA Active members may join together to form membership units for the purpose of representation at the Representative Assembly. Each local in a cluster of two or more must have 75 or fewer members. Allocation of credentials for such locals shall be based on the ratio of 1:150 Active (including Active Life) members of major fraction thereof. *THIS INFORMATION MUST BE SUBMITTED TO NEA BY MAY 15.*

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

**CLUSTERED AFFILIATES**

The following local affiliates have been chosen to form a cluster for the purpose of electing a delegate(s) to the Representative Assembly:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unit # | Name |  | Number of Category 1 Members |  | Number of Category 2 Members |  | **Total Members** |
|  | o |  |  |  |  |  |  |  |
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|  |  | **Total** |  |  |  |  |  |  |

**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**  20222023  2024  **Building Rep**   **NBCT** | | | | | | | **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** | | | **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. Information with an asterisks (**\***) is required.

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

F Female 0 Student or Retired 1 Teacher

M Male 1 K-12 2 Educational Support

TF Transgender Female 2 Higher Education 3 Student

TM Transgender Male 4 Administrator

GE Gender Expansive/Non-Conforming 5 Retired

O Other 6 Librarian, Counselor, Nurse

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

8 Active Life

List the delegates in descending **# of Votes** received. Optionally you may also enter the ranking/delegate order (list the delegate with the highest #votes first and continue down the list.) The **RA Registration** system will assign the delegate number automatically as the delegates and successors are processed.

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 and 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 forward the completed forms to the state affiliate by **April 10** or an earlier date set by the state affiliate. State Affiliates must forward state and local election information to NEA by **May 15**.

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