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

**2023**

**2023**

**Please complete this form as soon as election results are known. A local must forward its delegate election forms to the state affiliate by April 10th or a different date set by the state affiliate to the address on the States Return Addresses sheet. The state affiliate must submit all State and Local election forms electronically to NEA by May 15th.**

State Affiliate:

Unit #:

RA Unit/Local Name:

President Name:

Total Membership for Allocation:

Category 1 Delegates Allowed:

Category 2 Delegates Allowed:

Total Delegates for Unit:

--------------------------------------------------------------------------------------------------------------------------------------------------------------**Election Results**

**First Name\*: Last Name\*:** **IND ID/Alt ID\*:**

**Record Type\*:** Delegate Successor **Email\*:**  **Cell Phone\*:**

**Gender\*:** Female Gender Expansive/NonConformingMaleTransgender FemaleTransgender

Male Other Unknown **Race/Ethnicity\*:** American Indian/Alaska NativeBlackHispanicAsianNative

Hawaiian/Pacific-IslanderOther Race or EthnicityMultiracialWhite (not Hispanic origin)Unknown

**Position:** Active LifeAdministratorAspiring EducatorEducation SupportRetiredTeacher

**Level:** Higher EdPreK-12N/A **Term:** 1 year2 years3 years **Rank:** **#of Votes:**

**First Name\*: Last Name\*:** **IND ID/Alt ID\*:**

**Record Type\*:** Delegate Successor **Email\*:**  **Cell Phone\*:**

**Gender\*:** Female Gender Expansive/NonConformingMaleTransgender FemaleTransgender

Male Other Unknown **Race/Ethnicity\*:** American Indian/Alaska NativeBlackHispanicAsianNative

Hawaiian/Pacific-IslanderOther Race or EthnicityMultiracialWhite (not Hispanic origin)Unknown

**Position:** Active LifeAdministratorAspiring EducatorEducation SupportRetiredTeacher

**Level:** Higher EdPreK-12N/A **Term:** 1 year2 years3 years **Rank:** **#of Votes:**

**First Name\*: Last Name\*:** **IND ID/Alt ID\*:**

**Record Type\*:** Delegate Successor **Email\*:**  **Cell Phone\*:**

**Gender\*:** Female Gender Expansive/NonConformingMaleTransgender FemaleTransgender

Male Other Unknown **Race/Ethnicity\*:** American Indian/Alaska NativeBlackHispanicAsianNative

Hawaiian/Pacific-IslanderOther Race or EthnicityMultiracialWhite (not Hispanic origin)Unknown

**Position:** Active LifeAdministratorAspiring EducatorEducation SupportRetiredTeacher

**Level:** Higher EdPreK-12N/A **Term:** 1 year2 years3 years **Rank:** **#of Votes:**