**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:

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

**Election Results:**

**First Name\*:**  **Last Name\*:**

**IND ID/Alt ID/SSN4\*:** **Personal Email\*:**

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

**Number of Terms Elected (1, 2, or 3): Start Year:** \_\_\_\_\_ **End Year:** \_\_\_\_\_\_\_ **the CY is** \_\_\_\_ **of a**\_\_\_\_ **year term**

**Level:** Higher Ed \_\_\_\_\_ PreK-12 \_\_\_\_\_N/A \_\_\_\_\_**Rank:**  \_\_\_\_\_ **Number of Votes Received:** \_\_\_\_\_\_\_\_\_\_

**Gender\*:** Female \_\_\_\_\_ Gender Expansive/NonConforming \_\_\_\_\_ Male \_\_\_\_\_ Transgender Female \_\_\_\_\_

Transgender Male \_\_\_\_\_Other \_\_\_\_\_ Unknown \_\_\_\_\_ **Race/Ethnicity\*:** American Indian/Alaska Native \_\_\_\_\_

Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_\_

Other Race or Ethnicity \_\_\_\_\_ Multiracial \_\_\_\_\_ White (not Hispanic) \_\_\_\_\_ Unknown\_\_\_\_\_

**Position:** Active Life \_\_\_\_\_ Admin \_\_\_\_\_ Aspiring Educator \_\_\_\_\_ Ed Support \_\_\_\_\_ Retired \_\_\_\_\_ Teacher \_\_\_\_\_

**First Name\*:**  **Last Name\*:**

**IND ID/Alt ID/SSN4\*:** **Personal Email\*:**

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

**Number of Terms Elected (1, 2, or 3): Start Year:** \_\_\_\_\_ **End Year:** \_\_\_\_\_\_\_ **the CY is** \_\_\_\_ **of a**\_\_\_\_ **year term**

**Level:** Higher Ed \_\_\_\_\_ PreK-12 \_\_\_\_\_N/A \_\_\_\_\_**Rank:**  \_\_\_\_\_ **Number of Votes Received:** \_\_\_\_\_\_\_\_\_\_

**Gender\*:** Female \_\_\_\_\_ Gender Expansive/NonConforming \_\_\_\_\_ Male \_\_\_\_\_ Transgender Female \_\_\_\_\_

Transgender Male \_\_\_\_\_Other \_\_\_\_\_ Unknown \_\_\_\_\_ **Race/Ethnicity\*:** American Indian/Alaska Native \_\_\_\_\_

Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_\_

Other Race or Ethnicity \_\_\_\_\_ Multiracial \_\_\_\_\_ White (not Hispanic) \_\_\_\_\_ Unknown\_\_\_\_\_

**Position:** Active Life \_\_\_\_\_ Admin \_\_\_\_\_ Aspiring Educator \_\_\_\_\_ Ed Support \_\_\_\_\_ Retired \_\_\_\_\_ Teacher \_\_\_\_\_

**First Name\*:**  **Last Name\*:**

**IND ID/Alt ID/SSN4\*:** **Personal Email\*:**

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

**Number of Terms Elected (1, 2, or 3): Start Year:** \_\_\_\_\_ **End Year:** \_\_\_\_\_\_\_ **the CY is** \_\_\_\_ **of a**\_\_\_\_ **year term**

**Level:** Higher Ed \_\_\_\_\_ PreK-12 \_\_\_\_\_N/A \_\_\_\_\_**Rank:**  \_\_\_\_\_ **Number of Votes Received:** \_\_\_\_\_\_\_\_\_\_

**Gender\*:** Female \_\_\_\_\_ Gender Expansive/NonConforming \_\_\_\_\_ Male \_\_\_\_\_ Transgender Female \_\_\_\_\_

Transgender Male \_\_\_\_\_Other \_\_\_\_\_ Unknown \_\_\_\_\_ **Race/Ethnicity\*:** American Indian/Alaska Native \_\_\_\_\_

Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_\_

Other Race or Ethnicity \_\_\_\_\_ Multiracial \_\_\_\_\_ White (not Hispanic) \_\_\_\_\_ Unknown\_\_\_\_\_

**Position:** Active Life \_\_\_\_\_ Admin \_\_\_\_\_ Aspiring Educator \_\_\_\_\_ Ed Support \_\_\_\_\_ Retired \_\_\_\_\_ Teacher \_\_\_\_\_

**First Name\*:**  **Last Name\*:**

**IND ID/Alt ID/SSN4\*:** **Personal Email\*:**

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**Number of Terms Elected (1, 2, or 3): Start Year:** \_\_\_\_\_ **End Year:** \_\_\_\_\_\_\_ **the CY is** \_\_\_\_ **of a**\_\_\_\_ **year term**

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**Gender\*:** Female \_\_\_\_\_ Gender Expansive/NonConforming \_\_\_\_\_ Male \_\_\_\_\_ Transgender Female \_\_\_\_\_

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**Position:** Active Life \_\_\_\_\_ Admin \_\_\_\_\_ Aspiring Educator \_\_\_\_\_ Ed Support \_\_\_\_\_ Retired \_\_\_\_\_ Teacher \_\_\_\_\_

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Other Race or Ethnicity \_\_\_\_\_ Multiracial \_\_\_\_\_ White (not Hispanic) \_\_\_\_\_ Unknown\_\_\_\_\_

**Position:** Active Life \_\_\_\_\_ Admin \_\_\_\_\_ Aspiring Educator \_\_\_\_\_ Ed Support \_\_\_\_\_ Retired \_\_\_\_\_ Teacher \_\_\_\_\_

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**