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

**2024**

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**Please complete this form as soon as election results are known. A local affiliate 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 State’s Return Addresses sheet.**--------------------------------------------------------------------------------------------------------------------------------------------------------------**Election Results (Continued for Local/Unit:**  )

**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 current year 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 \_\_\_\_\_

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Male \_\_\_\_\_Other \_\_\_\_\_ Unknown \_\_\_\_\_

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