

**2026 Annual Representative Assembly of the National Education Association**  
**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.**

**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
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

**Total**

**Election Results:**

<b>First Name*:</b> _____			<b>Last Name*:</b> _____		
<b>IND ID/Alt ID*:</b> _____			<b>Personal Email*:</b> _____		
<b>Cell Phone*:</b> _____			<b>Record Type*:</b> Delegate      Successor		
<b>Level:</b> Higher Ed      PreK-12      N/A			<b>Rank:</b> _____ <b>Number of Votes Received:</b> _____		
<b>Race/Ethnicity*:</b> American Indian/Alaska Native      Asian      Black or African American      Latin(o/a/x), Hispanic, or Chican(o/a/x)      Middle Eastern or North African      Multiracial      Native Hawaiian/Pacific Islander      White Other Race or Ethnicity      Unknown					
<b>Position:</b> Active Life      Admin      Aspiring Educator      Ed Support      Retired      Teacher					

<b>First Name*:</b> _____			<b>Last Name*:</b> _____		
<b>IND ID/Alt ID*:</b> _____			<b>Personal Email*:</b> _____		
<b>Cell Phone*:</b> _____			<b>Record Type*:</b> Delegate      Successor		
<b>Level:</b> Higher Ed      PreK-12      N/A			<b>Rank:</b> _____ <b>Number of Votes Received:</b> _____		
<b>Race/Ethnicity*:</b> American Indian/Alaska Native      Asian      Black or African American      Latin(o/a/x), Hispanic, or Chican(o/a/x)      Middle Eastern or North African      Multiracial      Native Hawaiian/Pacific Islander      White Other Race or Ethnicity      Unknown					
<b>Position:</b> 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).

\_\_\_\_\_  
Signature of State Association President

\_\_\_\_\_  
Date

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