

# 2026

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

# 2026

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 10<sup>th</sup>** or a different date set by the state affiliate to this email address

State Affiliate: \_\_\_\_\_ Total Membership for Allocation: \_\_\_\_\_

Unit #: \_\_\_\_\_ Category 1 Delegates Allowed: \_\_\_\_\_

RA Unit/Local Name: \_\_\_\_\_ Category 2 Delegates Allowed: \_\_\_\_\_

President Name: \_\_\_\_\_ Total Delegates for Unit: \_\_\_\_\_

Local President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Election Results

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

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

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

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

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

**Race/Ethnicity\*:** 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

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

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

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

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

\*Required Information  
Please check the correct value where appropriate