**CATEGORY 2 CLUSTERED AFFILIATED ASSOCIATIONS REPORT OF *DELEGATES AND SUCCESSOR DELEGATES***

 **TO THE REPRESENTATIVE ASSEMBLY OF THE NATIONAL EDUCATION ASSOCIATION**

All-inclusive local affiliates may combine their Administrator, and Active Life who have retired, members into clusters for purposes of delegate representation. Delegates will be allocated in the ratio of 1:150 **Category 2** members in the cluster. For this specific delegate allocation, the major fraction concept **does NOT** apply. **Category 2** members, in the locals that cluster for this purpose, shall not be counted in the delegate allocation for Category 1 delegates nor be permitted to vote for Category 1 delegates. It is possible that a local may lose a delegate if its **Category 2** members are clustered.

*THIS INFORMATION MUST BE SUBMITTED TO NEA BY MAY 15.*

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| --- | --- |
| **STATE AFFILIATE NAME:** |  |
| **NAME OF CLUSTERED AFFILIATE:** |  |
| The following local affiliates will form a category 2 cluster: |  |  |  |  |  | Did local lose a delegate by clustering Category 2 Members? |
|  | Unit # |  | Name |  | Number of Category 1 Members |  | Number of Category 2 Members |  | **Total Members** | Yes | No |
|  |       |  |       |  |       |  |       |  |  | **[ ]**  | [ ]  |
|  |       |  |       |  |       |  |       |  |  | **[ ]**  | [ ]  |
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|  |       |  |       |  |       |  |       |  |  | **[ ]**  | [ ]  |
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|  |       |  |       |  |       |  |       |  |  | **[ ]**  | [ ]  |
|  |  | **Total Category 2 Members:** |  |  |  |  |  |  |  |  |
|  |  | **Number of Category 2 Delegates allowed:** |  |  |  |  |  |  |  |  |

**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:** \_\_\_\_\_\_\_\_\_\_

**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/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:** \_\_\_\_\_\_\_\_\_\_

**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/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:** \_\_\_\_\_\_\_\_\_\_

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 Other Race or Ethnicity 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:** \_\_\_\_\_\_\_\_\_\_

**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/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:** \_\_\_\_\_\_\_\_\_\_

**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

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**