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

**2025**

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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.**

State Affiliate:

Unit #:

RA Unit/Local Name:

President Name:

Total Membership for Allocation:

Category 1 Delegates Allowed:

Category 2 Delegates Allowed:

Total Delegates for Unit:

**Local President Signature:**   **Date:**

--------------------------------------------------------------------------------------------------------------------------------------------------------------**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

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