

YEAR \_\_\_\_\_

**OFFICIAL REPORT OF MICHIGAN EDUCATION ASSOCIATION LOCAL ELECTIONS**  
(If you have elected new officers, please fill in the information below and return it to the MEA office.)

NAME OF LOCAL: \_\_\_\_\_ EA \_\_\_ ESP \_\_\_  
(Full name of local)

REGION #: 15-B DATE OF ELECTION: \_\_\_\_\_

**PRESIDENT:** \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Date Term Begins: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Exact date required)

Date Term Expires: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Exact date required)

**VICE-PRESIDENT:** \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Date Term Begins: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Exact date required)

Date Term Expires: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Exact date required)

**SECRETARY:** \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Date Term Begins: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Exact date required)

Date Term Expires: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Exact date required)

**TREASURER:** \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Date Term Begins: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Exact date required)

Date Term Expires: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Exact date required)

**COORDINATING COUNCIL DELEGATE:** \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**REGION 15 DELEGATE:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_