

Report of Election of Alternates to the 2017 KEA Delegate Assembly

This is to certify that the following were elected as Alternates to the 2017 KEA Delegate Assembly at a meeting of the KEA members in the _____ local association in the _____ District.

ALTERNATES

Completely fill out each space, including the member's legal name as it would appear in KEA's membership database, IMS. Nicknames or preferred names can be included in quotes. Alternates should be listed in the order of the number of votes received.

1. _____
Full Name

Street Address

City **State** **Zip Code**

Ind. ID Number **Last Four Digits of SS#**

Work County _____
Email Address _____
Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
Circle one: Classroom Teacher/Administrator/Classified/Student/Retired

4. _____
Full Name

Street Address

City **State** **Zip Code**

Ind. ID Number **Last Four Digits of SS#**

Work County _____
Email Address _____
Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
Circle one: Classroom Teacher/Administrator/Classified/Student/Retired

2. _____
Full Name

Street Address

City **State** **Zip Code**

Ind. ID Number **Last Four Digits of SS#**

Work County _____
Email Address _____
Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
Circle one: Classroom Teacher/Administrator/Classified/Student/Retired

5. _____
Full Name

Street Address

City **State** **Zip Code**

Ind. ID Number **Last Four Digits of SS#**

Work County _____
Email Address _____
Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
Circle one: Classroom Teacher/Administrator/Classified/Student/Retired

3. _____
Full Name

Street Address

City **State** **Zip Code**

Ind. ID Number **Last Four Digits of SS#**

Work County _____
Email Address _____
Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
Circle one: Classroom Teacher/Administrator/Classified/Student/Retired

6. _____
Full Name

Street Address

City **State** **Zip Code**

Ind. ID Number **Last Four Digits of SS#**

Work County _____
Email Address _____
Circle one: Asian; Black; Caucasian; Indian; Mexican-American; Other
Circle one: Classroom Teacher/Administrator/Classified/Student/Retired

Signed: _____
President or Designated Officer
Daytime Telephone: (_____) _____ Date: _____

Return form(s) to: Valerie Leathers, Kentucky Education Association, 401 Capital Avenue, Frankfort, KY 40601
or fax to 502-696-8913

DEADLINE: NOVEMBER 30