

Report of Election of Delegates to the 2017 KEA Delegate Assembly

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

DELEGATES

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. Delegates 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