

Report of Election of Alternates to the 2018 KEA Delegate Assembly

This is to certify that the following were elected as Alternates to the 2018 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 _____
 IMS 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 _____
 IMS 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 _____
 IMS 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 _____
 IMS 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 _____
 IMS 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 _____
 IMS 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

Printed Name: _____
President or Designated Officer

Signed: _____
President or Designated Officer

Daytime Telephone: (_____) _____ Date: _____

Return form(s) to: Valerie Leathers, Kentucky Education Association, 401 Capitol Avenue, Frankfort, KY 40601
vleathers@kea.org or fax to 502-696-8913

DEADLINE: NOVEMBER 30