



ARKANSAS EDUCATION ASSOCIATION
An NEA State Affiliate

DONNA MOREY, *President*
RICH NAGEL, *Executive Director*

1500 West 4th Street
Little Rock, AR 72201

Memorandum

Date: February 12, 2010
To: Presidents of AEA Affiliated Local Associations
From: Donna Morey, President
Rich Nagel, Executive Director
Steve Stewart, Assistant Executive Director
Subject: Delegates to the Annual AEA Representative Assembly
Hilton Little Rock Metro Center
April 23-24, 2010

DEADLINE:
Postmarked
March 19, 2010

The 2010 AEA Representative Assembly will be held April 23-24, 2010, at the Hilton Little Rock Metro Center located at 925 South University Avenue in Little Rock. Please conduct your election of delegates and report the results to the AEA.

**DELEGATES SHOULD
BRING THIS PACKET WITH
THEM TO THE AEA-RA AS
NO DUPLICATE PACKETS
WILL BE AVAILABLE FOR
PICK UP AT
REGISTRATION.**

For this purpose, we have posted online the delegate certification forms to be used to certify both delegates and alternates to this session of the AEA Representative Assembly. We urge you to return the delegate certification form (by mail or fax) as soon as possible and **postmarked no later than March 19, 2010**. Once we receive your delegate list, each of your delegates will be sent their AEA-RA Delegate Packet that will include the AEA 2010-11 Proposed Budget. The Budget will be voted on during the RA

No credentials will be mailed. Delegate credentials based on your certification list will be prepared in the AEA office to be picked up by individual delegates as they register at the Hilton Little Rock on Friday, April 23.

Local associations which are chartered affiliates of the AEA are entitled to one (1) delegate for every fifteen (15) Professional and Educational Support Professional members or major fraction thereof. Educational Support Professionals must be represented in proportion to their membership in each local. **NOTE: If you do not know if your local is an AEA/NEA affiliate, contact Alice Canady, ext. 111, she will be more than happy to assist you.**

Each delegate must be an Active member (which includes Educational Support Professionals) of the Arkansas Education Association, the National Education Association and of the local association he/she represents.

CLUSTER DELEGATES

To provide representation from chartered affiliated locals with fewer than eight (8) members, the AEA Board of Directors approved a plan for clustering locals within the AEA Districts.

A list of cluster locals is posted on the website. Please note the list of clusters by district and the number of delegates for which each cluster qualifies. If you wish to have a member or members of your local serve as cluster delegate(s) to the Assembly, use the delegate cluster form to make nominations **AND RETURN THE CLUSTER DELEGATE NOMINATION FORM POSTMARKED NO LATER THAN MARCH 12, 2010.**

If there are more nominees for any cluster than the number of positions for which the cluster is entitled, an election will be held among members of the local associations within the cluster; otherwise the nominees will be declared elected. To confirm your cluster delegate, call AEA after March 15. Should you wish to challenge your cluster status, contact the AEA Membership Division immediately.

PLEASE NOTE:

1. Current AEA Officers and AEA Board Members are automatically voting delegates to the Assembly. **DO NOT** include them in your count of local delegates nor list them on the certification form.
2. Local Associations Presidents, past AEA and ATA Presidents and Chairpersons of AEA Committees **ARE NOT** automatically voting delegates to the Assembly. Persons in any of these categories who are to serve as local delegates, must be counted in the number for which the local qualifies and their names listed on the certification form.
3. Alternates must also be elected and listed on the form in priority order.

If you are not sure of the number of delegates for which you qualify, list delegates in priority order on the certification form. The Credentials Committee will then certify the appropriate number of delegates from your list.

A delegate adjustment desk will be located in the registration area to take care of any necessary changes that must be made on April 23. **YOU, AS LOCAL PRESIDENT OR YOUR DESIGNATED REPRESENTATIVE, MUST REPORT ALL CHANGES.**

HOTEL ROOM RESERVATIONS

Reservations for your delegates should be made **DIRECTLY** with the Hilton Little Rock Hotel. To receive your special AEA rate, make reservations by completing and mailing the housing form directly to the hotel or call the hotel at 501-748-4707. The cut-off date for hotel reservations is March 23, 2010. After this date, the AEA block of reserved rooms will be released. (Be sure to indicate you are attending the AEA RA to ensure your discounted hotel rate and ask for your confirmation number when making reservations.)

TO DOWNLOAD FORM(S) / Go to www.aeaonline.org and Click on Presidents Mail to download packette.:

- Delegate Certification Form(s)
- RA Housing Form
- Cluster List & Delegate Nomination Form (if applicable)

NOMINATIONS

AEA Representative Assembly
April 23-24, 2010

Cluster Delegate

	Delegate's Name	Teacher/ESP	Address	Telephone
1.	_____			
2.	_____			

Alternate

1.	_____
2.	_____

Signature

E-Mail Address

Local Association

AEA District

Date

MUST BE RETURNED POSTMARKED NO
LATER THAN March 12 to:

Delegate Certification
Arkansas Education Association
1500 West Fourth Street
Little Rock, AR 72201

IT IS ESSENTIAL THAT YOU COMPLETE ALL INFORMATION REQUESTED BELOW.

Use Name as Listed on Membership Card.

NAME OF LOCAL ASSOCIATION _____ AEA DISTRICT _____

The following delegates are being certified for the Representative Assembly meeting April 23-24, 2010, Hilton Little Rock Metro Center Hotel (925 S. University Avenue), Little Rock, Arkansas. Please designate each delegate as Teacher or ESP. **LIST IN PRIORITY ORDER.**

	Teacher or ESP	*Race	Sex M/F	Home Mailing Address	City	Zip
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

This information is requested in order to have a record of minority leadership participation as one factor in continuing the evaluation of the merger of AEA and ATA and to remain in compliance with the AEA and NEA requirements for ethnic minority representation.

African American - AA

Caucasian - C

Asian - A

Hispanic - H

ALTERNATE(S)

	Teacher or ESP	*Race	Sex M/F	Home Mailing Address	City	Zip
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

DATE: _____, 2010

PRESIDENT: _____

Phone

Email Address

ONE COPY MUST BE RETURNED TO **DELEGATE REGISTRATION**, AEA OFFICE,
POSTMARKED BY **MARCH 19**. KEEP ONE COPY FOR YOUR FILES.

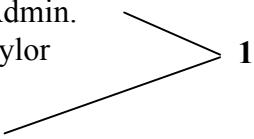
AEA REPRESENTATIVE ASSEMBLY
April 23-24, 2010

AFFILIATED LOCAL DELEGATE CLUSTER

-- Locals with fewer than 8 members --
(Based on AEA Membership Report of 1/28/10)

DISTRICT II

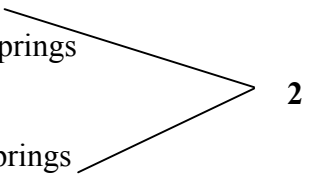
El Dorado Admin.
Emerson-Taylor
Hampton
Norphlet



1

DISTRICT VIII

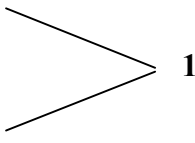
Cotter
Eureka Springs
Norfolk
Omaha
Valley Springs



2

DISTRICT III

Blevins-Emmet
Genoa Central
Lafayette County
Nevada County



1

DISTRICT IX


Nemo Vista
Southside



1

DISTRICT IV

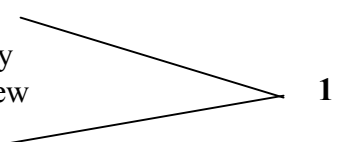
Centerpoint
Mineral Springs
Paris
Western Yell County



1

DISTRICTS X, XI

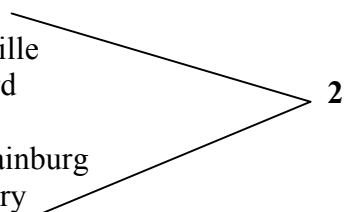
Elkins
McCroy
Riverview
Salem



1

DISTRICT V

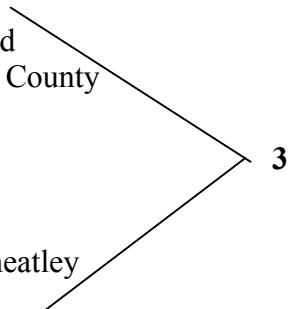
Alma
Cedarville
Hartford
Lavaca
Mountainburg
Mulberry



2

DISTRICT XII, XIV

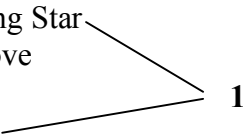
Bay
Buffalo Island
East Poinsett County
Gosnell
Harrisburg
Manila
Marmaduke
Palestine-Wheatley
Rector



3

DISTRICT VI & VII

Cutter Morning Star
Harmony Grove
Magnet Cove
Woodlawn



1

Please complete one form per room

Send Form Directly to the Hotel By March 23, 2010

Arkansas Education Association
Room Reservation – AEA Member
April 23-24, 2010

Confirm to: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone No. _____

Email Address _____

List names of all occupants of this room: _____

Check in date: _____ Check out date: _____

Smoking Nonsmoking

SEND THIS FORM DIRECTLY TO THE HOTEL

Check box beside type of guest room rate (tax not included):

Hilton Little Rock Reservations: 501-748-4702
ATTN: **Janet Davis Tate** Front Desk: 501-664-5020
925 South University Avenue, Little Rock, AR 72204

Single – 1 bed, 1 person	\$ 89.00	<input type="checkbox"/>
Double – 1 bed, 2 persons	\$ 89.00	<input type="checkbox"/>
Double/Double – 2 beds, 2 persons	\$ 89.00	<input type="checkbox"/>
Triple – 2 beds, 3 persons	\$ 99.00	<input type="checkbox"/>
Quad – 2 beds, 4 persons	\$109.00	<input type="checkbox"/>

Kings & Suites available upon request from the hotel

NOTE: A first night's deposit will be required on all reservations made with the hotel. This deposit may be in the form of cash or one of the following credit cards: AMEX, VISA, MasterCard, Carte' Blanche, Diner's Club or Discover. All reservations must be cancelled 24 hours prior to arrival or the first night's pre-payment or credit card will be charged as no-show.

Type Credit Card/Number/Expiration Date

Name (as it appears on credit card): _____

Please complete one form per room

Send Form Directly to the Hotel By March 23, 2010

Arkansas Education Association
Room Reservation – AEA Member
April 23-24, 2010

Confirm to: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone No. _____

Email Address _____

List names of all occupants of this room: _____

Check in date: _____ Check out date: _____

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925 South University Avenue, Little Rock, AR 72204

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Double – 1 bed, 2 persons	\$ 89.00	<input type="checkbox"/>
Double/Double – 2 beds, 2 persons	\$ 99.00	<input type="checkbox"/>
Triple – 2 beds, 3 persons	\$ 99.00	<input type="checkbox"/>
Quad – 2 beds, 4 persons	\$109.00	<input type="checkbox"/>

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Name (as it appears on credit card): _____