

***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 November 4-5, 2011 at the Doubletree, 424 West Markham. 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: \_\_\_\_\_, 2011

PRESIDENT: \_\_\_\_\_

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email Address*

ONE COPY MUST BE RETURNED TO: **DELEGATE REGISTRATION**, AEA OFFICE,  
POSTMARKED BY **SEPTEMBER 23, 2011**. KEEP ONE COPY FOR YOUR FILES.