

OEA DELEGATE ASSEMBLY CERTIFICATE OF ELECTION

TO: THE CREDENTIALS COMMITTEE OF THE OKLAHOMA EDUCATION ASSOCIATION

2017 Official Delegates(s)

Local Association _____ **Region & Zone** _____
(Use complete name of local)

Delegate Name & Address

NOTE: For verification purposes please use legal name (no nicknames) as it is shown on the delegate's OEA membership form.

Professional Classification

ETHNICITY: In order to facilitate achievement of the goal of minority involvement, please indicate if any of the delegates/alternates wish to be recognized as a member of one of the following groups. Check the appropriate box.

Position Number _____ Name _____ Address _____ City, State, Zip _____	First-time Delegate: _____ Green Delegate: _____ Elected Term: _____ From _____ To _____	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic
Position Number _____ Name _____ Address _____ City, State, Zip _____	First-time Delegate: _____ Green Delegate: _____ Elected Term: _____ From _____ To _____	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic
Position Number _____ Name _____ Address _____ City, State, Zip _____	First-time Delegate: _____ Green Delegate: _____ Elected Term: _____ From _____ To _____	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic

FOR OEA OFFICE USE ONLY:

Delegate Position # _____ replaced by duly elected alternate,

Information received from _____
 on _____

We certify that the above-named delegates were elected by secret ballot after an open nomination process and in compliance with OEA Bylaw provisions in Articles 3.3A, 1-4; 4.2.A, 1-4 and 5.3.A.2.a.-e.

Signed _____
President

Signed _____
Secretary

Signed _____ Date _____
Election Chairperson

**Complete and return by March 15, 2017 to: David Williams
 Oklahoma Education Association
 P.O. Box 18485
 Oklahoma City, Oklahoma 73154**

OEA DELEGATE ASSEMBLY CERTIFICATE OF ELECTION

TO: THE CREDENTIALS COMMITTEE OF THE OKLAHOMA EDUCATION ASSOCIATION

2017 Official Alternate(s)

Local Association _____ Region & Zone _____
(Use complete name of local)

Delegate Name & Address

NOTE: For verification purposes please use legal name (no nicknames) as it is shown on the delegate's OEA membership form.

Professional Classification

ETHNICITY: In order to facilitate achievement of the goal of minority involvement, please indicate if any of the delegates/alternates wish to be recognized as a member of one of the following groups. Check the appropriate box.

Position Number _____ Name _____ Address _____ City, State, Zip _____	First-time Delegate: _____ Green Delegate: _____ Elected Term: _____ From _____ To _____	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic
Position Number _____ Name _____ Address _____ City, State, Zip _____	First-time Delegate: _____ Green Delegate: _____ Elected Term: _____ From _____ To _____	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic
Position Number _____ Name _____ Address _____ City, State, Zip _____	First-time Delegate: _____ Green Delegate: _____ Elected Term: _____ From _____ To _____	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic

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Signed _____
President

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Secretary

Signed _____ Date _____
Election Chairperson

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 Oklahoma Education Association
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