

OEA DELEGATE ASSEMBLY CERTIFICATE OF ELECTION

TO: THE CREDENTIALS COMMITTEE OF THE OKLAHOMA EDUCATION ASSOCIATION

2018 Official Delegates(s)

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

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: _____ _____ <i>Name</i> _____ <i>Address</i> _____ <i>City, State, Zip</i> _____ <i>Home Email</i>	First-time Delegate: yes no Green Delegate: yes no <i>(home email required)</i> Elected Term: From _____ To _____	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic
Position Number: _____ _____ <i>Name</i> _____ <i>Address</i> _____ <i>City, State, Zip</i> _____ <i>Home Email</i>	First-time Delegate: yes no Green Delegate: yes no <i>(home email required)</i> Elected Term: From _____ To _____	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic
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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, 2018 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

2018 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: _____ _____ <i>Name</i> _____ <i>Address</i> _____ <i>City, State, Zip</i> _____ <i>Home Email</i>	First-time Delegate: yes no Green Delegate: yes no <i>(home email required)</i> Elected Term: From _____ To _____	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic
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Signed _____
President

Signed _____
Secretary

Signed _____ Date _____
Election Chairperson

Complete and return by March 15, 2018 to: **David Williams**
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Oklahoma City, Oklahoma 73154

PLEASE MAKE A COPY FOR YOUR FILES