OEA DELEGATE ASSEMBLY CERTIFICATE OF ELECTION

TO: THE CREDENTIALS COMMITTEE OF THE OKLAHOMA EDUCATION ASSOCIATION

2022 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 Home Email	First-time Delegate: yes no Green Delegate: yes no (home email required)	American Indian/Alaskan Native Asian Black Caucasian Hawaiian/Pacific Islander Hispanic Multi-Ethnic
Position Number:	Name Address City, State, Zip Home Email	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:	Name Address City, State, Zip Home Email	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

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		
C	President	
Signed	Secretary	
	Scredary	
Signed_		Date
	Election Chairperson	
Comple	te and return by March 15, 2022 to:	Rhonda Harlow Oklahoma Education Association P.O. Box 18485 Oklahoma City, Oklahoma 73154

PLEASE MAKE A COPY FOR YOUR FILES

OEA DELEGATE ASSEMBLY CERTIFICATE OF ELECTION

TO: THE CREDENTIALS COMMITTEE OF THE OKLAHOMA EDUCATION ASSOCIATION

2022 Official Alternate(s)

Local	A	S	20	ci	ิด	ti	n	n	
Local	11	- Dr	0			•••	U		_

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

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.