Appendix H(a) –Elected State Council Representative(s) Information Report

ELECTED STATE COUNCIL REPRESENTATIVE(S) INFORMATION

Chapter/Multiple Group: _____

BEFORE PROCEEDING: Representatives reported here must have accepted to serve in this position.

Representative's name: _____ Member # _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Representative's Chapter: _____

Term begins: (*Check one*) ☐ From the date of the election **OR** ☐ From June 26, _____

Term ends: June 25, _____

Representative's name: _____ Member # _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Representative's Chapter: _____

Term begins: (*Check one*) ☐ From the date of the election **OR** ☐ From June 26, _____

Term ends: June 25, _____

* Submit the required documents (CTA Elections Manual, Section III.12) using the electronic submission form at www.cta.org/electionshub/erc. Election results submitted via email will not be accepted.

PLEASE PRINT CLEARLY - MINIMUM TWO (2) SIGNATURES REQUIRED

_____
Elections Committee Chair Name

_____
Elections Committee Chair Signature Date

Email Address: _____

Phone Numbers

Home: _____

Cell: _____

Chapter Office: _____

_____
Elections Committee Member Name

_____
Elections Committee Member Signature Date

_____
Elections Committee Member Name

_____
Elections Committee Member Signature Date

[Revised 6/05, 6/06, 6/10, 6/12, 6/13, 6/22, 9/23,6/24, 8/25, 7/26]