Appendix I(a) – Report of Results of Elections – State Council Alternate(s)

REPORT OF RESULTS OF ELECTIONS OF STATE COUNCIL ALTERNATE(S)

Chapter/Multiple Group: _____

Service Center Council: _____

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

Alternate's name: _____ Member # _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Alternate's Chapter: _____

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

Term ends: June 25, _____

Alternate's name: _____ Member # _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Alternate's Chapter: _____

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

Term ends: June 25, _____

* Submit the Official State Council Teller's Report (I), the Report of Results (I(a)), a copy of the timeline, and ballot to and certified electronic voting results to www.cta.org/electionshub/erc.

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