

Appendix I(a) – Elected State Council Alternate(s) Information Report**ELECTED STATE COUNCIL
ALTERNATE(S) INFORMATION**

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 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 Member Name_____
Elections Committee Chair Signature

Date

Elections Committee Member Signature

Date

Email Address: _____

Phone Numbers

Home: _____

Cell: _____

Elections Committee Member Name

Chapter Office: _____

Elections Committee Member Signature

Date