

**FORM  
A**

**The SCEA LOCAL OFFICERS  
Reporting Form 2010-2011**

**Return by  
June 1**

Use this form for reporting Local Association Officers. **TYPE** or **PRINT** and retain a copy of this form for your local files. Forward **the original** to The SCEA for processing. Please report Changes **IMMEDIATELY**.

**LEA Name**

**| UniServ Unit #**

**PRESIDENT**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

List any other positions you hold in the Local or State:

**VICE-PRESIDENT/PRESIDENT-ELECT/CO-PRESIDENT**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

List any other positions you hold in the Local or State:

**SECRETARY**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

List any other positions you hold in the Local or State:

**TREASURER**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

List any other positions you hold in the Local or State:

**FORM  
B-2**

**The SCEA  
COMMITTEE CHAIRPERSONS  
Reporting Form 2010-2011**

**Return by  
June 15**

*Continued from B-1*

Use this form for reporting Committee Chairpersons. **TYPE** or **PRINT** and retain a copy of this form for your local files. Forward **the original** to The SCEA for processing. Please report Changes **IMMEDIATELY**.

**LEA NAME:**

**| UniServ Unit #**

**ELECTIONS CHAIRPERSON**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**HUMAN AND CIVIL RIGHTS CHAIRPERSON**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**EDUCATOR RIGHTS CHAIRPERSON**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**FUND FOR CHILDREN & PUBLIC EDUCATION (POLITICAL) CHAIRPERSON**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**FORM  
C**

**The SCEA  
ASSOCIATION REPRESENTATIVES  
Reporting Form 2010-2011**

**Return by  
June 15**

Use this form for reporting Association Reps ("ARs"). **TYPE** or **PRINT** and retain a copy of this form for your local files. Forward **the original** to The SCEA for processing. Please report Changes **IMMEDIATELY**.

**LEA NAME:**

**| UniServ Unit #**

**ASSOCIATION REPRESENTATIVE**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**ASSOCIATION REPRESENTATIVE**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**ASSOCIATION REPRESENTATIVE**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**ASSOCIATION REPRESENTATIVE**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**FORM  
D**

**The SCEA  
DELEGATE REPORTING FORM**  
The SCEA Representative Assembly 2010-2011

**Return by  
June 15**

Use this form for reporting Delegates. **TYPE** or **PRINT** and retain a copy of this form for your local files. Forward **the original** to The SCEA for processing. Please report Changes **IMMEDIATELY**.

**LEA NAME:** \_\_\_\_\_ | **# of Delegates:** \_\_\_\_\_ | **UniServ Unit #:** \_\_\_\_\_

\_\_\_\_\_  
Last Name ( ) First Name ( ) ( )  
\_\_\_\_\_  
School Phone Home Phone Cell Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Home Email Address Name of School, District

**CHECK ONE OF THE  
FOLLOWING:**

ETHNIC MINORITY ( )      CLASSROOM TEACHER ( )      NONCLASSROOM TEACHER ( )

EDUCATIONAL SUPPORT PERSONNEL (ESP) ( )      and:      **# OF YRS TO SERVE** ( [    ] )

\_\_\_\_\_  
Last Name ( ) First Name ( ) ( )  
\_\_\_\_\_  
School Phone Home Phone Cell Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Home Email Address Name of School, District

**CHECK ONE OF THE  
FOLLOWING:**

ETHNIC MINORITY ( )      CLASSROOM TEACHER ( )      NONCLASSROOM TEACHER ( )

EDUCATIONAL SUPPORT PERSONNEL (ESP) ( )      and:      **# OF YRS TO SERVE** ( [    ] )

**FORM  
E**

**The SCEA  
ALTERNATE  
DELEGATE REPORTING FORM  
The SCEA Representative Assembly 2010-2011**

**Return by  
June 15**

Use this form for reporting **Alternate** Delegates. **TYPE** or **PRINT** and retain a copy of this form for your local files. Forward **the original** to The SCEA for processing. Please report Changes **IMMEDIATELY**.

**LEA NAME:** \_\_\_\_\_ | **# of Delegates:** \_\_\_\_\_ | **UniServ Unit #:** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
( ) ( ) ( )  
School Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Email Address \_\_\_\_\_ Name of School, District \_\_\_\_\_

**CHECK ONE OF THE  
FOLLOWING:**

ETHNIC MINORITY \_\_\_\_\_ CLASSROOM TEACHER \_\_\_\_\_ NONCLASSROOM TEACHER \_\_\_\_\_  
( ) ( ) ( )

EDUCATIONAL SUPPORT \_\_\_\_\_ and: \_\_\_\_\_  
PERSONNEL (ESP) ( ) **# OF YRS TO SERVE** ( )

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
( ) ( ) ( )  
School Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Email Address \_\_\_\_\_ Name of School, District \_\_\_\_\_

**CHECK ONE OF THE  
FOLLOWING:**

ETHNIC MINORITY \_\_\_\_\_ CLASSROOM TEACHER \_\_\_\_\_ NONCLASSROOM TEACHER \_\_\_\_\_  
( ) ( ) ( )

EDUCATIONAL SUPPORT \_\_\_\_\_ and: \_\_\_\_\_  
PERSONNEL (ESP) ( ) **# OF YRS TO SERVE** ( )

**FORM****B-1***Continue on B-2*

**The SCEA  
COMMITTEE CHAIRPERSONS  
Reporting Form 2010-2011**

**Return by****June 15**

Use this form for reporting Committee Chairpersons. **TYPE** or **PRINT** and retain a copy of this form for your local files. Forward **the original** to The SCEA for processing. Please report Changes **IMMEDIATELY**.

**LEA NAME:****| UniServ Unit #****CONSTITUTION / BYLAWS**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**LEGISLATIVE CHAIRPERSON**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**TEACHING AND LEARNING CHAIRPERSON (FORMERLY "IPD")**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

**MEMBERSHIP CHAIRPERSON**

Last Name

First Name

( )

( )

( )

School Phone

Home Phone

Cell Phone

Mailing Address

Home Email Address

Name of School, District

