WEA LOCAL AFFILIATE DELEGATE/SUCCESSOR DELEGATE ELECTION VERIFICATION/CREDENTIAL FORM

I hereby register the following local affiliate delegates to the WEA RA and certify that they have been elected as prescribed by WEA Credentials documents.

DUE FEBRUARY 16, 2024

that they have been elected as prescribed by WEA Credentials documents. Local President (or designee) Signature and Date (no signature required for electronic submissions) WEA Local Affiliate: (Please spell out local name, no acronyms)		http://action.washingtonea.org/ra-delegate-registration			
		Local President email address (or phone if email unavailable) UniServ Council:			
			Please DO NOT list them on	lready pre-registered as Ex-Officio voting delegates to the WEA RA. this form as Local Delegates mmunicate separately with specific requests	
		INSTRUCTIONS ON HOW TO DOWNLOAD ELECTRONIC COPIES OF MAT VIA US MAIL. EMAIL AND MAILING ADDRESSES REQUIRED FOR ALL DELEGATES			
Delegate Name (Add first name for badge in parenthesis if different than legal name)	Non-Work Email	MAILING ADDRESS (Please verify home mailing address with Delega If you are requesting the temporary credential be sent to an address other than home, i.e. work, please indicate work location name	Please Check If BIPOC	Delegate (D) OR Successor (S)	
At your request, WEA will accommodate larger affiliates (5 or more delegates) by shipping all Temporary Credentials to one central, secure address rather than separately to individual delegates.		MUST BE RECEIVED AT THE WEA OFFICE IN FEDERAL WAY BY 4:00 P.M., FRIDAY, FEBRUARY 16, 2024			
☐ YES! Please ship all credentials for our affiliate's Delegates and Successors to the address listed below:		WEA Credentials Work Team c/o Beverly Roehr			
Recipient / Address Owner		PO Box 9100 Federal Way, WA 98063-9100			
Unit / Ste / PMB		OR FAX to 253-765-7110 OR EMAIL to broehr@washingtonea.org			
Street Address		EMAIL CONFIRMATION WILL BE SENT UPON RECEIPT			
City / State / Zip			'' IVE OF IL	•	