

Texas State Teachers Association Delegate Change Report

Local Association _____ Region _____

**Do not mail this form after April 1.
BRING it to House of Delegates Registration.**

NOTE: If the delegate being replaced MUST be Ethnic Minority, the Alternate MUST be Ethnic Minority

1.	
DELETE	REPLACE WITH
SSN (LAST FOUR DIGITS) OR MEMBER ID	SSN (LAST FOUR DIGITS) OR MEMBER ID
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6.	
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I certify that the alternate delegate(s) listed was/were elected by the general membership or local association representative assembly and was/were previously reported to TSTA on the Local Alternate Election Report Form.

_____ Date

_____ Signature of Local President

**BEFORE APRIL 1, MAIL TO: TSTA Organizing Center for Executive & Governance, 316 W. Twelfth St., Austin TX 78701.
AFTER APRIL 1, Bring to House of Delegates Registration and fax to 512-486-7053
or the Local President may send an email to carolm@tsta.org**

FOR OFFICE USE ONLY
