



**Filing Form for NEA RA State Credentialed Delegate-Student**

*I hereby submit my name as a candidate for state credentials to the NEA RA to be held June 30-July 5, 2011, in Chicago. I further certify that I am eligible for state credentials as a delegate from:*

\_\_\_\_\_ **Student:**  
*(must be an Education Minnesota Student Program member)*

College \_\_\_\_\_

***Please complete the following information:***

Name: \_\_\_\_\_

SS#: \_\_\_\_\_ *(last 4 digits for membership verification only)*

College: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School E-Mail: \_\_\_\_\_

Personal E-Mail: \_\_\_\_\_

Summer Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Optional information for internal use:**

- |                                     |  |
|-------------------------------------|--|
| _____ American Indian/Alaska Native | _____ Caucasian (not Spanish origin)   |
| _____ Black                         | _____ Asian                            |
| _____ Hispanic                      | _____ Native Hawaiian/Pacific Islander |
|                                     | _____ Other                            |

**First Time Delegate:** \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Mail application to:** Office of the Elections Committee  
Education Minnesota, 41 Sherburne Ave, St Paul, MN 55103-2196

*or*

**Fax application to:** 651.292.4802 (Attn: Rita)

**DEADLINE:**  
**February 15, 2011**