**TSTA Regional HoD Delegates**

RETURN THIS FORM TO YOUR REGIONAL PRESIDENT

Local Association __________________________________ Region ___________

Review the delegate allocation for your Region on the HoD page of the TSTA website in order to complete this section.

________ Non-supervisory (at least _____ non-supervisory delegates must be ethnic minority)

________ Supervisory (can be ethnic minority or non-minority)

________ TOTAL DELEGATES

**Ethnic Group Numbers:**
1—American Indian/Alaska Native
2—Asian
3—Black
4—Hispanic
5—Caucasian (not of Spanish origin)
6—Native Hawaiian/Pacific Islander
7—Multi-Ethnic
8—Other ______________

**Position Code Numbers:**
01—Audio-Visual Tech.
02—Cafeteria Worker
03—Classroom Teacher
04—Coach
05—Counselor
06—Custodian
07—Health Care Prof.
08—Librarian
09—Maintenance
10—Office Support
11—Principal/Assistant
12—Retired
13—Speech-Hear. Therapist
14—Supervisor
15—Staff Associate
16—Student
17—Superintendent
18—Teacher Aide
19—Transportation
26—Higher Education
80—Vocational Tech. Ed.
81—Substitute
99—Other ______________

**LIST IN ALPHABETICAL ORDER**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NAME</td>
<td>ADDRESS (STREET OR BOX)</td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>SSN (LAST FOUR DIGITS) OR MEMBER ID</td>
<td>EMAIL</td>
<td>*ETHNIC GROUP NUMBER</td>
</tr>
<tr>
<td>2</td>
<td>NAME</td>
<td>ADDRESS (STREET OR BOX)</td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>SSN (LAST FOUR DIGITS) OR MEMBER ID</td>
<td>EMAIL</td>
<td>*ETHNIC GROUP NUMBER</td>
</tr>
<tr>
<td>3</td>
<td>NAME</td>
<td>ADDRESS (STREET OR BOX)</td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>SSN (LAST FOUR DIGITS) OR MEMBER ID</td>
<td>EMAIL</td>
<td>*ETHNIC GROUP NUMBER</td>
</tr>
<tr>
<td>4</td>
<td>NAME</td>
<td>ADDRESS (STREET OR BOX)</td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>SSN (LAST FOUR DIGITS) OR MEMBER ID</td>
<td>EMAIL</td>
<td>*ETHNIC GROUP NUMBER</td>
</tr>
<tr>
<td>5</td>
<td>NAME</td>
<td>ADDRESS (STREET OR BOX)</td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>SSN (LAST FOUR DIGITS) OR MEMBER ID</td>
<td>EMAIL</td>
<td>*ETHNIC GROUP NUMBER</td>
</tr>
<tr>
<td>6</td>
<td>NAME</td>
<td>ADDRESS (STREET OR BOX)</td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>SSN (LAST FOUR DIGITS) OR MEMBER ID</td>
<td>EMAIL</td>
<td>*ETHNIC GROUP NUMBER</td>
</tr>
</tbody>
</table>
**Ethnic Group Numbers:**
1—American Indian/Alaska Native
2—Asian
3—Black
4—Hispanic
5—Caucasian (not of Spanish origin)
6—Native Hawaiian/Pacific Islander
7—Multi-Ethnic
8—Other

**Position Code Numbers:**
01—Audio-Visual Tech.
02—Cafeteria Worker
03—Classroom Teacher
04—Coach
05—Counselor
06—Custodian
07—Health Care Prof.
08—Librarian
09—Maintenance
10—Office Support
11—Principal/Assistant
12—Retired
13—Speech-Hear. Therapist
14—Supervisor
15—Staff Associate
16—Student
17—Superintendent
18—Teacher Aide
19—Transportation
26—Higher Education
80—Vocational Tech. Ed.
81—Substitute
99—Other

<table>
<thead>
<tr>
<th>No.</th>
<th>NAME</th>
<th>ADDRESS (STREET OR BOX)</th>
<th>CITY</th>
<th>ZIP</th>
<th>SSN (LAST FOUR DIGITS) OR MEMBER ID</th>
<th>EMAIL</th>
<th>ETHNIC GROUP NUMBER</th>
<th>POSITION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>NAME</td>
<td>ADDRESS (STREET OR BOX)</td>
<td>CITY</td>
<td>ZIP</td>
<td>SSN (LAST FOUR DIGITS) OR MEMBER ID</td>
<td>EMAIL</td>
<td>*ETHNIC GROUP NUMBER</td>
<td>**POSITION NUMBER</td>
</tr>
<tr>
<td>-----</td>
<td>------</td>
<td>-------------------------</td>
<td>------</td>
<td>-----</td>
<td>------------------------------------</td>
<td>-------</td>
<td>---------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Ethnic Group Numbers:*
1—American Indian/Alaska Native
2—Asian
3—Black
4—Hispanic
5—Caucasian (not of Spanish origin)
6—Native Hawaiian/Pacific Islander
7—Multi-Ethnic
8—Other ____________________

**Position Code Numbers:**
01—Audio-Visual Tech.
02—Cafeteria Worker
03—Classroom Teacher
04—Coach
05—Counselor
06—Custodian
07—Health Care Prof.
08—Librarian
09—Maintenance
10—Office Support
11—Principal/Assistant Principal
12—Retired
13—Speech-Hear. Therapist
14—Supervisor
15—Staff Associate
16—Student
17—Superintendent
26—Higher Education
80—Vocational Tech. Ed.
99—Other ____________________

(Please use separate pages for delegates and alternates.)