TSTA Regional HoD Delegates

RETURN THIS FORM TO YOUR REGIONAL PRESIDENT

Local Association			Region
Review the delegate allocation for your Non-supervisory (at lea Supervisory (can be ether)	st non-supervisor	y delegates must be ethnic m	•
TOTAL DELEGATES			
*Ethnic Group Numbers:	**Position Code Numb	ers:	
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	01—Audio-Visual Tech. 02—Cafeteria Worker 03—Classroom Teachel 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 18—Teacher Aide 19—Transportation 26—Higher Education 80—Vocational Tech. Ed. 81—Substitute 99—Other
	LIST IN ALPHAI	BETICAL ORDER	
1.		4.	
NAME		NAME	
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)	
CITY	ZIP	CITY	ZIP
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBER	RID
EMAIL		EMAIL	
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER
2.		5.	
NAME		NAME	
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)	
CITY	ZIP	CITY	ZIP
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBEF	RID
EMAIL		EMAIL	
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER
3.		6.	
NAME		NAME	
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)	
CITY	ZIP	CITY	ZIP
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBEF	RID
EMAIL		EMAIL	
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER

TSTA Regional HoD Alternates

RETURN THIS FORM TO YOUR REGIONAL PRESIDENT

Local Association			Region
*Ethnic Group Numbers: 1—American Indian/Alaska Native	**Position Code Number 01—Audio-Visual Tech.	—— 09—Maintenance	16—Student 17—Superintendent
2—Asian 3—Black 4—Hispanic 5—Caucasian (not of Spanish origin) 6—Native Hawaiian/Pacific Islander 7—Multi-Ethnic 8—Other	02—Cafeteria Worker 03—Classroom Teacher 04—Coach 05—Counselor 06—Custodian 07—Health Care Prof. 08—Librarian	10—Office Support 11—Principal/Assistant Principal 12—Retired 13—Speech-Hear. Therapist 14—Supervisor 15—Staff Associate	17—Supermendent 18—Teacher Aide 19—Transportation 26—Higher Education 80—Vocational Tech. Ed. 81—Substitute 99—Other
1.		5.	
NAME		NAME	
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)	
CITY	ZIP	CITY	ZIP
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBEI	R ID
EMAIL		EMAIL	
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER
2.		6.	
NAME		NAME	
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)	
CITY	ZIP	CITY	ZIP
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBEI	RID
EMAIL		EMAIL	
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER
3.		7.	
NAME		NAME	
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)	
CITY	ZIP	CITY	ZIP
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBER	RID
EMAIL		EMAIL	
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER
4.		8.	
NAME		NAME	
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)	
CITY	ZIP	CITY	ZIP
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBEI	RID
EMAIL		EMAIL	
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER

Local Association		□ Delegate □ A	Alternate Page		
(Please use separate pages for delegates and alternates.)					
*Ethnic Group Numbers:	**Position Code Number	are.			
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	01—Audio-Visual Tech. 02—Cafeteria Worker 03—Classroom Teacher 04—Coach 05—Counselor 06—Custodian 07—Health Care Prof. 08—Librarian	09—Maintenance 16- 10—Office Support 17- 11—Principal/Assistant 18- Principal 19- 12—Retired 26- 13—Speech-Hear. Therapist 80- 14—Supervisor 81-	-Student -Superintendent -Teacher Aide -Transportation -Higher Education -Vocational Tech. EdSubstitute -Other		
No.		No			
NAME		NAME			
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)			
CITY	ZIP	CITY	ZIP		
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBER ID			
EMAIL		EMAIL			
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER		
No					
NAME		NO NAME			
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)			
CITY	ZIP	CITY	ZIP		
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBER ID			
EMAIL		EMAIL			
	***************************************		***************************************		
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER		
NO NAME		NO NAME			
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)			
CITY	ZIP	CITY	ZIP		
	ZII		ΔII		
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBER ID			
EMAIL		EMAIL			
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER		
NO NAME		NO NAME			
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)			
CITY	ZIP	CITY	ZIP		
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBER ID			
EMAIL		EMAIL			
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER		
No		No			
NAME		NAME			
ADDRESS (STREET OR BOX)		ADDRESS (STREET OR BOX)			
CITY	ZIP	CITY	ZIP		
SSN (LAST FOUR DIGITS) OR MEMBER ID		SSN (LAST FOUR DIGITS) OR MEMBER ID			
EMAIL		EMAIL			
*ETHNIC GROUP NUMBER	**POSITION NUMBER	*ETHNIC GROUP NUMBER	**POSITION NUMBER		