

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

**LIST IN ALPHABETICAL ORDER**

<b>1.</b>	<b>4.</b>
NAME	NAME
ADDRESS (STREET OR BOX)	ADDRESS (STREET OR BOX)
CITY <span style="float: right;">ZIP</span>	CITY <span style="float: right;">ZIP</span>
MEMBER ID	MEMBER ID
EMAIL	EMAIL
*ETHNIC GROUP NUMBER <span style="float: right;">**POSITION NUMBER</span>	*ETHNIC GROUP NUMBER <span style="float: right;">**POSITION NUMBER</span>
<b>2.</b>	<b>5.</b>
NAME	NAME
ADDRESS (STREET OR BOX)	ADDRESS (STREET OR BOX)
CITY <span style="float: right;">ZIP</span>	CITY <span style="float: right;">ZIP</span>
MEMBER ID	MEMBER ID
EMAIL	EMAIL
*ETHNIC GROUP NUMBER <span style="float: right;">**POSITION NUMBER</span>	*ETHNIC GROUP NUMBER <span style="float: right;">**POSITION NUMBER</span>
<b>3.</b>	<b>6.</b>
NAME	NAME
ADDRESS (STREET OR BOX)	ADDRESS (STREET OR BOX)
CITY <span style="float: right;">ZIP</span>	CITY <span style="float: right;">ZIP</span>
MEMBER ID	MEMBER ID
EMAIL	EMAIL
*ETHNIC GROUP NUMBER <span style="float: right;">**POSITION NUMBER</span>	*ETHNIC GROUP NUMBER <span style="float: right;">**POSITION NUMBER</span>

# TSTA Regional HoD Alternates

**RETURN THIS FORM TO YOUR REGIONAL PRESIDENT**

**Local Association** \_\_\_\_\_ **Region** \_\_\_\_\_

**\*Ethnic Group Numbers:**

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- 7—Multi-Ethnic
- 8—Other \_\_\_\_\_

**\*\*Position Code Numbers:**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>01—Audio-Visual Tech.</li> <li>02—Cafeteria Worker</li> <li>03—Classroom Teacher</li> <li>04—Coach</li> <li>05—Counselor</li> <li>06—Custodian</li> <li>07—Health Care Prof.</li> <li>08—Librarian</li> </ul> | <ul style="list-style-type: none"> <li>09—Maintenance</li> <li>10—Office Support</li> <li>11—Principal/Assistant<br/>Principal</li> <li>12—Retired</li> <li>13—Speech-Hear. Therapist</li> <li>14—Supervisor</li> <li>15—Staff Associate</li> </ul> | <ul style="list-style-type: none"> <li>16—Student</li> <li>17—Superintendent</li> <li>18—Teacher Aide</li> <li>19—Transportation</li> <li>26—Higher Education</li> <li>80—Vocational Tech. Ed.</li> <li>81—Substitute</li> <li>99—Other _____</li> </ul> |
|--|---|--|

<p><b>1.</b></p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>MEMBER ID _____</p> <p>EMAIL _____</p> <p>*ETHNIC GROUP NUMBER _____ **POSITION NUMBER _____</p>	<p><b>5.</b></p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>MEMBER ID _____</p> <p>EMAIL _____</p> <p>*ETHNIC GROUP NUMBER _____ **POSITION NUMBER _____</p>
<p><b>2.</b></p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>MEMBER ID _____</p> <p>EMAIL _____</p> <p>*ETHNIC GROUP NUMBER _____ **POSITION NUMBER _____</p>	<p><b>6.</b></p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>MEMBER ID _____</p> <p>EMAIL _____</p> <p>*ETHNIC GROUP NUMBER _____ **POSITION NUMBER _____</p>
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<p><b>4.</b></p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>MEMBER ID _____</p> <p>EMAIL _____</p> <p>*ETHNIC GROUP NUMBER _____ **POSITION NUMBER _____</p>	<p><b>8.</b></p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>MEMBER ID _____</p> <p>EMAIL _____</p> <p>*ETHNIC GROUP NUMBER _____ **POSITION NUMBER _____</p>

(Please use separate pages for delegates and alternates.)

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<b>No.</b> _____	<b>No.</b> _____
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