



New York State Technology Education Association

Chartered by the New York State Board of Regents

*Regional Association
Alternate Delegate Form*

Dear Regional President and Alternate Delegate:

Please supply the requested information for your NYSTEA affiliate regional association **alternate delegate** below. Your region is allotted one delegate for every 15 active NYSTEA members in your local and part thereof. Many alternates are encouraged but alternates need to meet the same criteria as a delegate.

NYSTEA district of local: (check one)

Far Western District ___ Western District ___ Central District ___
Northeastern District ___ Southeastern District ___ Metropolitan District ___

Regional Association Name: _____ **Number** _____

Name of Alternate Delegate _____

Home or School Street Address _____

Home or School Town _____ Zip _____

Home Phone () _____

Home Email _____

School Phone () _____ ext. _____

School Email _____

Alternate Delegate NYSTEA member status:

I am a NYSTEA member Yes ___ No ___ **Renewal Date** ___/___/_____

I am in the process of joining Yes ___ No ___

Signature of Alternate Delegate _____ **Date** ___/___/_____

Name of Regional President _____

Signature of Regional President _____ **Date** ___/___/_____

Return completed form to: **Ms. Donna Matteson**

Questions?
Matteson82@aol.com

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