



New York State Technology Education Association

Chartered by the New York State Board of Regents

*Regional Association
Primary Delegate Form*

Dear Regional President and Primary Delegate:

Please supply the requested information for your NYSTEA affiliate regional association primary delegate below. Your region is allotted one delegate for every 15 active NYSTEA members in your local and part thereof. **This Primary Delegate Form must be submitted to the representative assembly floor manager and postmarked by December 15th** in order for your association to be an active affiliate and for your delegates to be seated at the annual representative assembly.

Regional Association Name: _____ **Number** _____

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 Primary Delegate _____

Home or School Street Address _____

Home or School Town _____ Zip _____

Home Phone () _____

Home Email _____

School Phone () _____ ext. _____

School Email _____

Primary 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** ___/___/_____

Please mail completed form to:

Ms. Donna Matteson
NYSTEA Representative Assembly Floor Manager
P.O. Box 5277
Oswego, New York 13126-5277

Questions?
Matteson82@aol.com

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