



New York State Technology Education Association

Chartered by the New York State Board of Regents

*Regional Association
Officer Form*

Dear Regional President and officers,

Please supply the requested information for your NYSTEA affiliate regional association officers. This District Regional Association Officer Form **must be postmarked by December 15th** in order for your association to be considered an active affiliate and for your delegates to be seated at the annual representative assembly. **All forms (officer, delegate, and alternate forms) should be mailed directly to Donna Matteson** and a copy of each to your District Vice President so he/she can follow-up on your behalf. **Please make sure the form has all necessary signatures of all officers prior to mailing.**

Return completed forms to:

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

Reminder- Your Regional President, Vice President, Secretary, and Treasurer must be current NYSTEA members by December 15th and on the day of the representative assembly for your local to be seated at the representative assembly.

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 President _____

Home or School Street Address _____

Home or School Town _____ Zip _____

Home Phone () _____

Home Email _____

School Phone () _____ ext. _____

School Email _____

Regional President NYSTEA member status:

I am a NYSTEA member Yes No Renewal Date / /

I am in the process of joining Yes No

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

(Additional officer information is continued on next page)

Name of Vice President _____

Home or School Street Address _____

Home or School Town _____ Zip _____

Home Phone () _____

Home Email _____

School Phone () _____ ext. _____

School Email _____

Regional Vice President NYSTE A member status:

I am a NYSTE A member Yes ___ No ___ Renewal Date ___/___/___

I am in the process of joining Yes ___ No ___

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

Name of Secretary _____

Home or School Street Address _____

Home or School Town _____ Zip _____

Home Phone () _____

Home Email _____

School Phone () _____ ext. _____

School Email _____

Regional Secretary NYSTE A member status:

I am a NYSTE A member Yes ___ No ___ Renewal Date ___/___/___

I am in the process of joining Yes ___ No ___

Signature of Secretary _____ **Date** ___/___/___

Name of Treasurer _____

Home or School Street Address _____

Home or School Town _____ Zip _____

Home Phone () _____

Home Email _____

School Phone () _____ ext. _____

School Email _____

Regional Treasurer NYSTE A member status:

I am a NYSTE A member Yes ___ No ___ Renewal Date ___/___/___

I am in the process of joining Yes ___ No ___

Signature of Treasurer _____ **Date** ___/___/___