

MCEA REQUEST FOR NEA-RA FUNDING

Return by: May 29th

Date:		
Name:		
Address:		
Local Association:		
Expected funding from other sources:		
Please complete with your activities:		
MCEA		Points
Officer:		
Chairperson:		
Committees:		
Rep. Council Member:		
Local		
Officer:		
Building Rep:		
Committees:		
NJEA		
Delegate:		
Committees:		
Convention:		
Conferences:		
NEA		
Committees:		
NEA-RA Conventions:		
Conferences:		
OTHER ACTIVITIES:		
	TOTAL POINTS	
	AMOUNT FUNDED	