

NOTICE OF CHANGE - TRUSTEES

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INSTRUCTIONS: Please complete form with all requested information.

Local # _____ Chapter # _____ Date of change _____
Local/Chapter Name _____
Local/Chapter Address _____
Service/Staff Representative _____
Telephone _____ - _____ - _____ Fax Number _____ - _____ - _____

Length of Term (Based on Constitution) _____ **Election Date** _____ **End Date** _____

Contract Expiration Date _____

TRUSTEES:

NAME _____

Tel (cell) * _____ - _____ - _____ Mailing Address Line 1 _____
Tel (home) _____ - _____ - _____ City/Town, State & Zip _____
Tel (work) _____ - _____ - _____ Personal E-mail _____

NAME _____

Tel (cell) * _____ - _____ - _____ Mailing Address Line 1 _____
Tel (home) _____ - _____ - _____ City/Town, State & Zip _____
Tel (work) _____ - _____ - _____ Personal E-mail _____

NAME _____

Tel (cell) * _____ - _____ - _____ Mailing Address Line 1 _____
Tel (home) _____ - _____ - _____ City/Town, State & Zip _____
Tel (work) _____ - _____ - _____ Personal E-mail _____

NAME _____

Tel (cell) * _____ - _____ - _____ Mailing Address Line 1 _____
Tel (home) _____ - _____ - _____ City/Town, State & Zip _____
Tel (work) _____ - _____ - _____ Personal E-mail _____

NAME _____

Tel (cell) * _____ - _____ - _____ Mailing Address Line 1 _____
Tel (home) _____ - _____ - _____ City/Town, State & Zip _____
Tel (work) _____ - _____ - _____ Personal E-mail _____

*By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences by calling the Union at 860-224-4000.