

2019 OFFICER FORM

Local No. _____

After Local Elections fill out and return *even if there was no change in officers.*

ELECTION YEAR: _____ ELECTION TERM (# OF YEARS): _____
EFFECTIVE DATE TAKING OFFICE: _____

ALL CONTACT INFORMATION MUST BE COMPLETED (PLEASE PRINT CLEARLY)

PRESIDENT

Name _____
Home Address _____
City _____ State _____ Zip _____

HOME #: _____

WORK #: _____

CELL #: _____

FAX #: _____

E-MAIL: _____

EMPLOYER: _____

WORK SITE LOCATION: _____

SHIFT: 1st 2nd 3rd Rotating

VICE PRES

Name _____
Home Address _____
City _____ State _____ Zip _____

HOME #: _____

WORK #: _____

CELL #: _____

FAX #: _____

E-MAIL: _____

EMPLOYER: _____

WORK SITE LOCATION: _____

SHIFT: 1st 2nd 3rd Rotating

FIN SEC

Name _____
Home Address _____
City _____ State _____ Zip _____

HOME #: _____

WORK #: _____

CELL #: _____

FAX #: _____

E-MAIL: _____

EMPLOYER: _____

WORK SITE LOCATION: _____

SHIFT: 1st 2nd 3rd Rotating

REC SEC

Name _____
Home Address _____
City _____ State _____ Zip _____

HOME #: _____

WORK #: _____

CELL #: _____

FAX #: _____

E-MAIL: _____

EMPLOYER: _____

WORK SITE LOCATION: _____

SHIFT: 1st 2nd 3rd Rotating

FOR OFFICE USE ONLY

Local's Address: Use for Pres. mail Use for F/S mail

Street Address _____
City _____ State _____ Zip _____



Completed By _____ Date _____

Return to: International Union, SPFPA
25510 Kelly Road
Roseville MI 48066
spfpa@spfpa.org

TRUSTEE

Name

Home Address

City State Zip

HOME #: _____
WORK #: _____
CELL #: _____
FAX #: _____
E-MAIL: _____
SHIFT: 1st 2nd 3rd Rotating

EMPLOYER: _____
WORK SITE LOCATION: _____

TRUSTEE

Name

Home Address

City State Zip

HOME #: _____
WORK #: _____
CELL #: _____
FAX #: _____
E-MAIL: _____
SHIFT: 1st 2nd 3rd Rotating

EMPLOYER: _____
WORK SITE LOCATION: _____

TRUSTEE

Name

Home Address

City State Zip

HOME #: _____
WORK #: _____
CELL #: _____
FAX #: _____
E-MAIL: _____
SHIFT: 1st 2nd 3rd Rotating

EMPLOYER: _____
WORK SITE LOCATION: _____

**SERGEANT-
AT-ARMS**

Name

Home Address

City State Zip

HOME #: _____
WORK #: _____
CELL #: _____
FAX #: _____
E-MAIL: _____
SHIFT: 1st 2nd 3rd Rotating

EMPLOYER: _____
WORK SITE LOCATION: _____

GUIDE

Name

Home Address

City State Zip

HOME #: _____
WORK #: _____
CELL #: _____
FAX #: _____
E-MAIL: _____
SHIFT: 1st 2nd 3rd Rotating

EMPLOYER: _____
WORK SITE LOCATION: _____

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-- Please supply the International with names and addresses of NEW HIRES, TERMINATIONS, RETIREES, and employer they worked for.

-- Article XXV Constitution & By-Laws, Section 4; No member shall hold 2 or more Local Offices simultaneously.