

# 2020 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: \_\_\_\_\_ NEXT ELECTION: \_\_\_\_\_

## ALL CONTACT INFORMATION MUST BE COMPLETED (PLEASE PRINT CLEARLY)

PAYING  
DUES

**PRESIDENT** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME #: \_\_\_\_\_  
WORK #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SHIFT 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ Rot.: \_\_\_

EMPLOYER: \_\_\_\_\_  
WORK SITE LOCATION: \_\_\_\_\_

PAYING  
DUES

**VICE PRES** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME #: \_\_\_\_\_  
WORK #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SHIFT 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ Rot.: \_\_\_

EMPLOYER: \_\_\_\_\_  
WORK SITE LOCATION: \_\_\_\_\_

PAYING  
DUES

**FIN SEC** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME #: \_\_\_\_\_  
WORK #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SHIFT 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ Rot.: \_\_\_

EMPLOYER: \_\_\_\_\_  
WORK SITE LOCATION: \_\_\_\_\_

PAYING  
DUES

**REC SEC** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME #: \_\_\_\_\_  
WORK #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SHIFT 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ Rot.: \_\_\_

EMPLOYER: \_\_\_\_\_  
WORK SITE LOCATION: \_\_\_\_\_

Use for Pres. mail  Use for F/S mail

- Access (*Locals / Rolodex*)
- UW
- Scan to Locals

FOR OFFICE USE ONLY

Local Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date: \_\_\_\_\_



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

g:kim/admin/officerform2020

PAYING  
DUES

**TRUSTEE** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME #: \_\_\_\_\_  
WORK #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SHIFT 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ Rot.: \_\_\_

EMPLOYER: \_\_\_\_\_  
WORK SITE LOCATION: \_\_\_\_\_

PAYING  
DUES

**TRUSTEE** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME #: \_\_\_\_\_  
WORK #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SHIFT 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ Rot.: \_\_\_

EMPLOYER: \_\_\_\_\_  
WORK SITE LOCATION: \_\_\_\_\_

PAYING  
DUES

**TRUSTEE** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME #: \_\_\_\_\_  
WORK #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SHIFT 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ Rot.: \_\_\_

EMPLOYER: \_\_\_\_\_  
WORK SITE LOCATION: \_\_\_\_\_

PAYING  
DUES

**SERGEANT-** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME #: \_\_\_\_\_  
WORK #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SHIFT 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ Rot.: \_\_\_

EMPLOYER: \_\_\_\_\_  
WORK SITE LOCATION: \_\_\_\_\_

PAYING  
DUES

**GUIDE** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME #: \_\_\_\_\_  
WORK #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SHIFT 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ Rot.: \_\_\_

EMPLOYER: \_\_\_\_\_  
WORK SITE LOCATION: \_\_\_\_\_

- R -- Please make sure all Local Officers are Dues Paying MEMBERS.
- E -- Please supply the International with names and addresses of NEW HIRES, TERMINATIONS, RETIREES,
- M and employer they worked for.
- M -- Article XXV Constitution & By-Laws, Section 4; No member shall hold 2 or more Local Offices simultaneously.

RETURN FORMS TO: [spfafs@spfpa.org](mailto:spfafs@spfpa.org)

R

2020 OFFICER FORMS MUST BE COMPLETELY FILLED OUT AND RETURNED TO THE INTERNATIONAL HEADQUARTERS **NO LATER THAN JANUARY 1, 2020.**