

# 2021 OFFICER FORM Local No.: \_\_\_\_\_

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

OFFICIAL 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:** \_\_\_\_\_

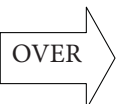
Use for Pres. mail  Use for F/S mail

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

- Escrowed  
 Held

FOR OFFICE USE ONLY

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



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

g:kim/admin/officerform2021

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: [spfpa@spfpa.org](mailto:spfpa@spfpa.org)

B  
E  
R

2021 OFFICER FORMS MUST BE COMPLETELY FILLED OUT AND RETURNED TO THE  
INTERNATIONAL HEADQUARTERS **NO LATER THAN FEBRUARY 15, 2021.**