

2022 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: _____

PAYING DUES **ALL CONTACT INFORMATION MUST BE COMPLETED (PLEASE PRINT CLEARLY)**

PRESIDENT Name: _____ HOME #: _____
Address: _____ WORK #: _____
City: _____ State: _____ Zip: _____ CELL #: _____
FAX #: _____
EMPLOYER: _____ E MAIL: _____
WORK SITE LOCATION: _____ SHIFT 1st: ___ 2nd: ___ 3rd: ___ Rot.: ___

PAYING DUES

VICE PRES Name: _____ HOME #: _____
Address: _____ WORK #: _____
City: _____ State: _____ Zip: _____ CELL #: _____
FAX #: _____
EMPLOYER: _____ E MAIL: _____
WORK SITE LOCATION: _____ SHIFT 1st: ___ 2nd: ___ 3rd: ___ Rot.: ___

PAYING DUES

FIN SEC Name: _____ HOME #: _____
Address: _____ WORK #: _____
City: _____ State: _____ Zip: _____ CELL #: _____
FAX #: _____
EMPLOYER: _____ E MAIL: _____
WORK SITE LOCATION: _____ SHIFT 1st: ___ 2nd: ___ 3rd: ___ Rot.: ___

PAYING DUES

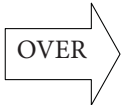
REC SEC Name: _____ HOME #: _____
Address: _____ WORK #: _____
City: _____ State: _____ Zip: _____ CELL #: _____
FAX #: _____
EMPLOYER: _____ E MAIL: _____
WORK SITE LOCATION: _____ SHIFT 1st: ___ 2nd: ___ 3rd: ___ Rot.: ___

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:** _____  OVER

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

g:kim/admin/officerform2022

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

RETURN FORMS TO: spfafs@spfpa.org

B
E
R