

# 2023 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.: \_\_\_

- FOR OFFICE USE ONLY
- ESCROW OR  HELD
  - ACCESS-COMPANY/PLANT
  - ACCESS-TERM DATES
  - PRES/FS- SAME OR NEW
  - VERIFY ALL ARE PAYING
  - PRES/FS: MUST HAVE EMAIL
  - ADDRESS/PHONE #'S
  - UW: POSITION LISTED
  - SCAN TO LOCALS
  - BANK ACT UPDATE NEEDED

Use for Pres. mail  Use for F/S mail

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



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

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

**SGT-AT-ARMS** 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)

B  
E  
R