# INFORMATION REQUEST FORM

ASEA/AFSCME Local 52, AFL-CIO
1577 C Street, Suite 201, Anchorage AK 99501
(907)277-5200 • (907)277-5206 Fax

Union Staff Time: _____
By: _____

Revised 6/28/2005

## ALL REQUESTS MUST BE APPROVED BY THE BUSINESS MANAGER
### RETURN VIA FAX (907)277-5206

## I. MEMBERSHIP INFORMATION REQUESTED:

*(**Note**: Pursuant to ASEA/AFSCME Local 52 Policy 17.00.000, a roster of Chapter Members may be requested only by a Chapter President, Secretary, or Chief Steward.)*

| | | |
|---|---|---|
| ROSTER: | ☐ Members Only | ☐ Members & Agency Fee Payers |
| | ☐ Members in good standing | ☐ Members not in good standing |
| | ☐ By Alpha | ☐ by Department (Alpha within) |
| LABELS: | ☐ by Alpha | ☐ by Zip Code |
| REQUEST: | ☐ Copy by Email | ☐ Hard Copy |

Pursuant to ASEA/AFSCME Local 52 Policy No.17.00.000, I agree to use the membership information requested (i.e., mailing labels, member listings, etc.) for the mailing of ballots, newsletters, meeting announcements, and other chapter purposes which are consistent with the objectives and purposes of ASEA/AFSCME Local 52. Any other use may constitute a chargeable violation as listed in Article X of the *International Constitution*. I understand such request for information shall indicate the purpose for which the information will be used. Prior to distribution, newsletters or communications using the Local 52 logo, or identified as a Local 52 Publication, and/or using address labels provided by Local 52, must be reviewed by the Business Manager.

_____
Signature Chapter Date

Email Address: _____

## II. OTHER UNION INFORMATION REQUESTED *(One Item Per Form)*

A. _____

_____

I do hereby state that I am a member in good standing with ASEA/AFSCME Local 52, and I do agree to use the information requested in a manner consistent with the objectives and purposes of ASEA/AFSCME Local 52. Any other use may constitute a chargeable violation as listed in Article X of the *International Constitution*. I understand such request shall indicate the purpose for which the information will be used.

_____
Signature Chapter Date

***PURPOSE OF REQUEST I and/or II, ABOVE:***

☐ **Chapter Notice (Copy Required)**
☐ **Chapter Newsletter (Copy Required)**
☐ **Ballots**
☐ **Other** _____

## UNION USE ONLY

Priority Level:
__High (Within 30 days)
__Medium (Within 60 days)
__Low (within 60+ days)

☐ **Approved** ☐ **Not Approved**

AUTHORIZED BY: _____
Business Manager Date

COMMENTS: _____

- In Anchorage: Member must pick up information requested in person and sign upon receipt.
- Outside of Anchorage: All information requested must be mailed via Certified Mail & Return Receipt Requested