REPORT OF CHAPTER OFFICERS BOARD MEMBERS and/or STEWARDS

Alaska State Employees Association/AFSCME Local 52

2601 Denali Street Anchorage, AK 99503

(907) 277-5200 Fax (907) 277-5206

CHAP	ER	NAME:
REPOR	RTED	DBY:

Address:

City:

Name:

State: AK Zip:

Area Code & Phone No.:

INSTRUCTIONS: TO BE COMPLETED BY THE CHAPTER PRESIDENT, SECRETARY, OR CHIEF STEWARD (with copy to President)

1. Print or type all information AND complete the email verification section.

2. Complete all requested information for each officer, board member, or steward that have been elected, appointed, removed or resigned. Please attach the minutes that reflect changes in board members, chapter officers or appointed stewards.

Please forward a written statement for resigning stewards. Newly elected stewards must submit a steward application to Union Headquarters.

VER	VERIFICATION OF RECEIPT – EMAIL ADDRESS (REQUIRED):							
	Title: NAME	TERM EXPIRES (MM/YY)	HOME MAILING ADDRESS	CIT State	ГҮ Zip	DAYTIME AREA CODE & PHONE NO.	DATE: Elected/ Appointed Removed/Resigned (List one)	
1	President:						Date:	
2	Vice-President: (if applicable)						Date:	
3	Secretary:						Date:	
4	Treasurer:						Date:	
5	Chief Steward:						Date:	
6	Board Member: (if applicable)						Date:	
7	Board Member: (if applicable)						Date:	
8	Board Member: (if applicable)						Date:	
9	Chapter Trustee: (if applicable)						Date:	
10	Chapter Trustee: (if applicable)						Date:	
11							Date:	
12	Steward:						Date:	
13	Steward:						Date:	
14							Date:	
15							Date:	