## REPORT OF CHAPTER OFFICERS

 BOARD MEMBERS and/or STEWARDSAlaska State Employees Association/AFSCME Local 52 2601 Denali Street
Anchorage, AK 99503
907) 277-5200 Fax (907) 277-5206

## CHAPTER NAME:

REPORTED BY:
Name:
Address:
City: 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.
VERIFICATION OF RECEIPT - EMAIL ADDRESS (REQUIRED):

|  | Title: NAME | $\begin{aligned} & \text { TERM } \\ & \text { EXPIRES } \\ & (\mathrm{MM} / \mathrm{YY}) \end{aligned}$ | HOME MAILING <br> ADDRESS | State | Zip | DAYTIME <br> AREA CODE \& PHONE NO. | DATE: Elected/ <br> 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: |

