



INFORMATION REQUEST FORM

ASEA/AFSCME Local 52, AFL-CIO
2601 Denali Street Anchorage AK 99503
(907)277-5200 • (907)277-5206 Fax

Union Staff _____

By: _____

Revised 1/15/2021 sd

**ALL REQUESTS MUST BE APPROVED BY THE EXECUTIVE DIRECTOR
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:

Dues Paying Members (in good standing)

Non-Members (not paying dues)

By Alpha

by Department (Alpha within)

MAILING LIST: (for Mail House)

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 lists/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 Executive Director.

Signature _____

Printed Name _____

Chapter _____

Position _____

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 _____

Printed Name _____

Chapter _____

Position _____

Date _____

PURPOSE OF REQUEST I and/or II, ABOVE:

Chapter Newsletter (Copy Required)

Chapter Notice (Copy Required)

Ballots

Other _____

UNION USE ONLY

Priority Level:

Approved

Not Approved

___High (Within 30 days)

___Medium (Within 60 days)

___Low (within 60+ days)

AUTHORIZED BY: _____

Executive Director

Date _____

COMMENTS: _____