



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 12/2/2022 sd

**ALL REQUESTS MUST BE APPROVED BY THE EXECUTIVE DIRECTOR
REPLY DUE WITHIN 10 DAYS**

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.)

<u>ROSTER:</u>	<input type="checkbox"/> Dues Paying Members (in good standing)
	<input type="checkbox"/> Non-Members (not paying dues)
	<input type="checkbox"/> By Alpha <input type="checkbox"/> by Department (Alpha within)

<u>MAILING LIST:</u> (for Mail House)	<input type="checkbox"/> by Alpha	<input type="checkbox"/> by Zip Code
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<u>REQUEST:</u>	<input type="checkbox"/> Copy by Email	<input type="checkbox"/> Hard Copy
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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
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PURPOSE OF REQUEST I and/or II, ABOVE:	<input type="checkbox"/> Chapter Notice (Copy Required)
<input type="checkbox"/> Chapter Newsletter (Copy Required)	<input type="checkbox"/> Ballots
<input type="checkbox"/> Other _____	

UNION USE ONLY

Priority Level:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
—Urgent (Within 2-5 business days)	AUTHORIZED BY:	
—Routine (Within 15 days)	Executive Director	Date
—Extended (within ___days)		

COMMENTS: _____