

**AFSCME Council 5, AFL-CIO - REQUEST FOR MAIL BALLOT  
2017 - 2019 State Agreement**

**(UNITS 2, 3, 4, 6, 7 ONLY)**

*(In accordance with the policy and procedures established by the Executive Board, a member **MUST** complete in full, and return this form to the Council 5 Office in order to receive a mail ballot. All mail ballot request forms must be received in the Council 5 Office **NO LATER THAN 4:00 PM on Tuesday, August 1, 2017.**)*

Please PRINT or TYPE all requested information (cannot be processed if illegible)

Full Name: \_\_\_\_\_

Local No: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Address you request mail ballot to be mailed to, if different than home address given above (if same, write "SAME"):

\_\_\_\_\_

**IMPORTANT – YOU MUST SIGN & DATE BELOW:**

X

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**RETURN THIS FORM TO THE COUNCIL 5 OFFICE no later than 4:00 PM, TUESDAY, AUGUST 1, 2017, to the attention of Melinda Pearson, via:**

- Mail to: 300 Hardman Ave So, Suite 2, So St Paul MN 55075; or
- Fax to: 651-455-1311; or,
- Drop off at the Council 5 Office
- This form may NOT be e-mailed back

**MAIL BALLOTS WILL BE SENT OUT AUGUST 3, 2017**

FOR OFFICE USE ONLY



Date Entered: \_\_\_\_\_

Mbr. Status: \_\_\_\_\_

Initials \_\_\_\_\_