



OFFICER ELECTIONS RESULTS FORM

300 Hardman Ave S, South Saint Paul, MN 55075

Local _____

****Required**
Preferred Number
for Member Contact**

President

Vice-President

Secretary

Treasurer

Executive Board

Executive Board

Executive Board

Trustee

Trustee

Trustee

Chief Steward

Steward

Steward

Steward

Steward

Steward

Steward

** Need More Room? Use an additional sheet.

Submitted By:

Print Full Name

Position/Job Title

Signature: _____

Date: _____

- 1) Electronically using the button on this form
- 2) Via Email: lisa.sable@afscmemn.org
- 3) Via Fax: 651-455-1311 Attn: Lisa Sable
- 4) Mail: Attn: Lisa Sable

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