

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

(UNIT 8 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 Wednesday, August 23rd.**)*

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, WEDNESDAY, AUGUST 23, 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 25, 2017

FOR OFFICE USE ONLY



Date Entered: _____

Mbr. Status: _____

Initials _____