



Report of Council Officers

This form is also available on the AFSCME website at afscme.org/forms

Instructions

1. **Print or type all information.**
2. Complete all requested information for each officer, including expiration dates.
3. Home Local (location where officer is a member) must be indicated.
4. For mail: Should any of the officers listed below wish to have their mail delivered to the Council office instead of their homes, please indicate by placing a check mark (✓) in the "Mail to OFC" column. Please indicate the office mailing address in the upper right corner of this form. The person listed as Reporting Officer will receive all Per Capita Tax Information, Membership Rosters and other routine financial mailings. If no name is listed for the Reporting Officer position, the International will assign the Treasurer or Secretary-Treasurer as the Reporting Officer.
5. **Fax or mail completed forms to: AFSCME Member & Affiliate Services Department • 1625 L Street, NW • Washington, DC 20036 • Phone (202) 429-8400 • Fax (202) 429-5034**

Date _____
 Council # _____
 Council Name _____
 Street _____
 City _____ State _____ ZIP _____
 Phone (_____) _____

Reported By:
 Name _____
 Street _____
 City _____ State _____ ZIP _____
 Phone (_____) _____
 E-mail _____

Name	Member Number	Mail OFC	Term Expires (MM/YY)	Home Address (street)	City, State, ZIP	E-mail Address	Phone Number	Cell Number Check <input type="checkbox"/> if you want to receive important text alerts. Message and data rates may apply.
Executive Director							()	() <input type="checkbox"/>
President							()	() <input type="checkbox"/>
Executive Vice President							()	() <input type="checkbox"/>
Vice President							()	() <input type="checkbox"/>
1st Vice Pres							()	() <input type="checkbox"/>
2nd Vice Pres							()	() <input type="checkbox"/>
3rd Vice Pres							()	() <input type="checkbox"/>
4th Vice Pres							()	() <input type="checkbox"/>
5th Vice Pres							()	() <input type="checkbox"/>
Treasurer							()	() <input type="checkbox"/>
Secretary-Treasurer							()	() <input type="checkbox"/>
Reporting Officer							()	() <input type="checkbox"/>

Please list other officers on reverse.

AFSCME Council Officers, continued

Local # _____

Name	Member Number	Mail OFC	Term Expires (MM/YY)	Home Address	City, State, ZIP	E-mail Address	Telephone Number	Cell Number <small>Check <input type="checkbox"/> if you want to receive important text alerts. Message and data rates may apply.</small>
Secretary							()	() <input type="checkbox"/>
Recording Secretary							()	() <input type="checkbox"/>
Corresponding Secretary							()	() <input type="checkbox"/>
Financial Secretary							()	() <input type="checkbox"/>
Assistant Secretary							()	() <input type="checkbox"/>
Executive Board Mbr							()	() <input type="checkbox"/>
Executive Board Mbr							()	() <input type="checkbox"/>
Executive Board Mbr							()	() <input type="checkbox"/>
Executive Board Mbr							()	() <input type="checkbox"/>
Board of Director							()	() <input type="checkbox"/>
Board of Director							()	() <input type="checkbox"/>
Board of Director							()	() <input type="checkbox"/>
Trustee (1 Year)							()	() <input type="checkbox"/>
Trustee (2 Year)							()	() <input type="checkbox"/>
Trustee (3 Year)							()	() <input type="checkbox"/>
Sergeant-at-Arms							()	() <input type="checkbox"/>
Business Agent							()	() <input type="checkbox"/>
Business Rep							()	() <input type="checkbox"/>
Co-Chairperson							()	() <input type="checkbox"/>
Co-Chairperson							()	() <input type="checkbox"/>

Additional officers may be listed on a separate sheet.