



Report of Retiree Chapter 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. For mail: Should any of the officers listed below wish to have their mail delivered to the Local 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.
4. **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**
5. Send a copy of this form to your local or council.

Date _____

Chapter No # _____

Chapter Name _____

Chapter Street _____

Chapter City _____ State _____ ZIP _____

Chapter Phone (_____) _____

Reported By:

Name _____

Street _____

City _____ State _____ ZIP _____

Phone (_____) _____

E-mail _____

Name	Social Security Number	Mail OFC	Term Expires (MM/YY)	Sub-chapter	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.
President								()	() <input type="checkbox"/>
Secretary								()	() <input type="checkbox"/>
Treasurer								()	() <input type="checkbox"/>
Reporting Officer								()	() <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"/>
Recording Secretary								()	() <input type="checkbox"/>
Corresponding Secretary								()	() <input type="checkbox"/>

Please list other officers on reverse.

AFSCME Retiree Chapter Officers, continued

Chapter # _____

Name	Social Security Number	Mail OFC	Term Expires (MM/YY)	Sub-chapter	Home Address (street)	City, State, ZIP	E-mail Address	Phone Number	Cell Number <small>Check <input type="checkbox"/> if you want to receive important text alerts. Message and data rates may apply.</small>
Assistant Secretary								()	() <input type="checkbox"/>
Secretary-Treasurer								()	() <input type="checkbox"/>
Financial Secretary								()	() <input type="checkbox"/>
Executive Board Member								()	() <input type="checkbox"/>
Executive Board Member								()	() <input type="checkbox"/>
Executive Board Member								()	() <input type="checkbox"/>
Executive Board Member								()	() <input type="checkbox"/>
Executive Board Member								()	() <input type="checkbox"/>
Executive Board Member								()	() <input type="checkbox"/>
Executive Board Member								()	() <input type="checkbox"/>
Board of Director								()	() <input type="checkbox"/>
Board of Director								()	() <input type="checkbox"/>
Board of Director								()	() <input type="checkbox"/>
Trustee								()	() <input type="checkbox"/>
Trustee								()	() <input type="checkbox"/>
Trustee								()	() <input type="checkbox"/>
Sergeant-at-Arms								()	() <input type="checkbox"/>
Executive Director								()	() <input type="checkbox"/>
Executive Vice-President								()	() <input type="checkbox"/>
								()	() <input type="checkbox"/>
								()	() <input type="checkbox"/>

Additional officers may be listed on a separate sheet.