

OFFICERS' QUESTIONNAIRE

Office and Professional Employees International Union, Local/Guild/DAG #_____ 80 Eighth Avenue, Suite 610, New York, NY 10011 Phone: (212) 367-0902 Fax: (212) 727-2087

(Please print or type)		,		. ,			
Local Meets		of each month.					
(Street)	reet)		(City)	(City) (State or Province)		(Zip Code/Postal Code)	
LIST BELOW ALL OFF	FICERS, EXECU	JTIVE BOARD MEMBERS AND TRUST	EES OF YOUR LO	OCAL UNION,	GUILD OR DIRECTLY A	AFFILIATED GROUP	(DAG).
NAME (Miss, Ms., Mrs., or Mr.)	TITLE	MAILING ADDRESS FOR CORRESPONDENCE	STATE/PROV	ZIP CODE	EMAIL ADDRESS	WORK#	CELL#
The <i>next election</i> to fill the above positions will occur during the month of:					(yea	ar)	
Local Union address Address:	s, phone and fa	ax numbers:					
Office Number:			Fax Numbe	r:			
			This information submitted by:				
			Signature				
			Office Held_				
			Date				