

**LOCAL UNION INFORMATION**

FROM: ICWUC Local \_\_\_\_\_

ORIGINAL TO: Dan Ardelian  
Int'l Chemical Workers Union Council/UFCW  
1799 Akron-Peninsula Road  
Akron, OH 44313

**Send copy to ICWUC Regional Office**

**Office Information** (complete only if local has a regular office)

**Should all mail be sent to office address?**

\_\_\_ **YES** \_\_\_ **NO**

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Web page(URL) address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_

**OFFICERS** (Indicate Third Trustee)

Date Took Office

President \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_\_ YES \_\_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

Secretary-Treasurer \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_\_ YES \_\_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

Recorder \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_\_ YES \_\_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

**VICE PRESIDENTS** (Attach Another Sheet If You Have More Than Four)

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Name (VP #1) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_ YES \_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

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Name (VP #2) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_ YES \_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

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Name (VP #3) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_ YES \_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

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Name (VP #4) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_ YES \_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

**BOARD OF AUDIT MEMBERS (If Applicable)**

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Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_\_ YES \_\_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

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Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_\_ YES \_\_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

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Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

**Can we contact you at work? \_\_\_ YES \_\_\_ NO**

\_\_\_\_\_

Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

TIME AND PLACE OF NOMINATION OF OFFICERS \_\_\_\_\_  
\_\_\_\_\_

NOMINATIONS ARE HELD AT REGULAR \_\_\_\_\_ OR SPECIAL \_\_\_\_\_ MEETING.

TIME AND PLACE OF ELECTION OF OFFICERS \_\_\_\_\_  
\_\_\_\_\_

TIME AND PLACE OF ANY RUNOFF ELECTION \_\_\_\_\_  
\_\_\_\_\_

ELECTIONS ARE HELD AT REGULAR \_\_\_\_\_ OR SPECIAL \_\_\_\_\_ MEETING.

(If at other time, explain.) \_\_\_\_\_  
\_\_\_\_\_

OFFICERS' TERMS (If terms are staggered, please explain.) \_\_\_\_\_  
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TIME AND PLACE FOR NOMINATION OF DELEGATES TO ICWUC CONVENTION (If applicable) \_\_\_\_\_  
\_\_\_\_\_

TIME AND PLACE FOR ELECTION OF DELEGATES TO ICWUC CONVENTION (If applicable) \_\_\_\_\_  
\_\_\_\_\_

DAY OR DATE OF REGULAR MONTHLY MEETING \_\_\_\_\_

MONTH IN WHICH OFFICERS ARE ELECTED \_\_\_\_\_

PLACE OF MEETING (give full address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Secretary-Treasurer or other officer

**Mail to: Charlotte Groggs, International Chemical Workers Union Council/UFCW, 1799 Akron-Peninsula Road, Akron, OH 44313**