

## Local Information Update Form

Please type or print clearly

All fields are required

### Local Information:

Local Number \_\_\_\_\_

Local Name \_\_\_\_\_

Local Address \_\_\_\_\_

Date Elections were held \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Local Phone Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Local Fax Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email address \_\_\_\_\_

Division(s)

Circle all that apply

TEACHER

PSRP

HIGHER EDUCATION

FPE

HEALTHCARE

Note 1: We will not be able to update your officers' information unless all required fields are completed.

Note 2: Officers whose names are currently in the AFT database but does not appear on this officer update form will be removed from our officers' database.

Officer updates may be remitted by:

<p>Fax: (202) 638-2589 Email: membership@aft.org Mail: American Federation of Teachers Membership Division 555 New Jersey Ave. NW Washington, DC 20001</p> <p>I certify that the officers named in this correspondence were duly elected by a secret ballot vote by the members in good standing on the date officers elections were held.</p> <p>Print or Type Name and Title</p> <p>Signature _____ Date _____</p>
--

# LOCAL OFFICERS UPDATES

**President**

**Required**

\_\_\_\_\_  
FirstName LastName

**Required**

\_\_\_\_\_  
Preferred mailing address

**Required**

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
/ /  
Phone Number

\_\_\_\_\_  
/ /  
Fax Number

\_\_\_\_\_  
Email address

**Officer**

**Term Dates**

**Required**

\_\_\_\_\_  
/ /  
Start

\_\_\_\_\_  
/ /  
End

**Executive Board Member** YES NO *If yes, terms dates are required*

**Exec.Board**

**Term Dates**

\_\_\_\_\_  
/ /  
Start

\_\_\_\_\_  
/ /  
End

**Vice  
President**

**Required**

\_\_\_\_\_  
**FirstName**

\_\_\_\_\_  
**LastName**

**Required**

\_\_\_\_\_  
**Preferred mailing address**

**Required**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Email address**

**Officer**

**Term Dates**

**Required**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Start**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**End**

**Executive Board Member**

**YES NO** *If yes, terms dates are required*

**Exec.Board**

**Term Dates**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Start**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**End**

**Treasurer**

**Required**

FirstName

LastName

**Required**

Preferred mailing address

**Required**

City

State

Zip Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Email address**

**Officer**

**Term Dates**

**Required**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Start**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**End**

**Executive Board Member**

**YES NO** *If yes, terms dates are required*

**Exec.Board**

**Term Dates**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Start**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**End**

**Secretary**

**Required**

\_\_\_\_\_  
**FirstName**

\_\_\_\_\_  
**LastName**

**Required**

\_\_\_\_\_  
**Preferred mailing address**

**Required**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Email address**

**Officer**

**Term Dates**

**Required**

\_\_\_\_\_  
**Start**

\_\_\_\_\_  
**End**

**Executive Board Member**

**YES NO** *If yes, terms dates are required*

**Exec. Board**

**Term Dates**

\_\_\_\_\_  
**Start**

\_\_\_\_\_  
**End**

		<b>FirstName</b>	<b>LastName</b>
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**Title required**

**Required**

Preferred mailing address

**Required**

**City**

**State**

**Zip Code**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Email address**

**Officer**

**Term Dates**

**Required**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Start**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**End**

**Executive Board Member**

**YES NO** *If yes, terms dates are required*

**Exec. Board**

**Term Dates**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Start**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**End**



**Title** **required**      **FirstName**      **LastName**

**Required**      Preferred mailing address

**Required**      **City**      **State**      **Zip Code**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Phone Number**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Email address**

**Officer**  
**Term Dates**      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Required**      **Start**      **End**

**Executive Board Member**      **YES**      **NO**      *If yes, terms dates are required*

**Exec.Board**  
**Term Dates**      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Start**      **End**