

**AFSCME Council 5, AFL-CIO - REQUEST FOR MAIL BALLOT
2017 - 2019 University of Minnesota Agreement
Locals 3800 & 3801**

CLERICAL UNIT ONLY

*(In accordance with the policy and procedures established by the Executive Board, a member **MUST** complete in full, and return this form to the Council 5 Office in order to receive a mail ballot. All mail ballot request forms must be received in the Council 5 Office **NO LATER THAN 4:00 PM on Tuesday, January 2, 2018.**)*

Please PRINT or TYPE all requested information (cannot be processed if illegible)

Full Name: _____

Local No: _____

Home Address: _____

Address you request mail ballot to be mailed to, if different than home address given above (if same, write "SAME"):

IMPORTANT – YOU MUST SIGN & DATE BELOW:

X

Signature

Date

RETURN THIS FORM TO THE COUNCIL 5 OFFICE no later than 4:00 PM, TUESDAY, JANUARY 2, 2018, to the attention of Member Action Center, via:

- Mail to: 300 Hardman Ave So, Suite 2, So St Paul MN 55075; or
- Fax to: 651-455-1311; or,
- Drop off at the Council 5 Office; or
- Email: Council5@afscmemn.org

MAIL BALLOTS WILL BE SENT OUT JANUARY 4, 2018

FOR OFFICE USE ONLY

Date Entered: _____	Mbr. Status: _____
_____	Initials _____