



Report of Council Officers

This form is also available on the AFSCME website at afscme.org/forms

Instructions

1. The officer reporting process has recently been updated. We strongly recommend that you download the reporting spread-sheet template from www.afscme.org/officer-reports to ensure timely processing of your officer updates.
2. If you cannot use the template, we recommend you use and save this document as a fillable PDF in digital form. If you need to use this as a paper form, either type or print your responses legibly.
3. Complete all requested information for each officer, including expiration dates.
4. Home Local (location where officer is a member) must be indicated.
5. For mail: Should any of the officers listed below wish to have their mail delivered to the Council 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.
6. Send completed forms to: OfficerUpdates@afscme.org • Fax (202) 429-5034

Election Date _____

Council # _____

Council Name _____

Street _____

City _____ State _____ ZIP _____

Phone (_____) _____

Reported By: _____ **Date Reported** _____

Name _____

Street _____

City _____ State _____ ZIP _____

Phone (_____) _____

E-mail _____

| Name | Member Number | Mail OFC | Term Expires (MM/YY) | 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. |
|--------------------------|---------------|----------|----------------------|-----------------------|------------------|----------------|--------------|---|
| Executive Director | | | | | | | () | () <input type="checkbox"/> |
| President | | | | | | | () | () <input type="checkbox"/> |
| Executive Vice President | | | | | | | () | () <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"/> |
| Treasurer | | | | | | | () | () <input type="checkbox"/> |
| Secretary-Treasurer | | | | | | | () | () <input type="checkbox"/> |
| Reporting Officer | | | | | | | () | () <input type="checkbox"/> |

Please list other officers on reverse.

AFSCME Council Officers, continued

Council # _____

| Name | Member Number | Mail OFC | Term Expires (MM/YY) | Home Address | City, State, ZIP | E-mail Address | Telephone Number | Cell Number <small>Check <input type="checkbox"/> if you want to receive important text alerts. Message and data rates may apply.</small> |
|-------------------------|---------------|----------|----------------------|--------------|------------------|----------------|------------------|--|
| Secretary | | | | | | | () | () <input type="checkbox"/> |
| Recording Secretary | | | | | | | () | () <input type="checkbox"/> |
| Corresponding Secretary | | | | | | | () | () <input type="checkbox"/> |
| Financial Secretary | | | | | | | () | () <input type="checkbox"/> |
| Assistant Secretary | | | | | | | () | () <input type="checkbox"/> |
| Executive Board Mbr | | | | | | | () | () <input type="checkbox"/> |
| Executive Board Mbr | | | | | | | () | () <input type="checkbox"/> |
| Executive Board Mbr | | | | | | | () | () <input type="checkbox"/> |
| Executive Board Mbr | | | | | | | () | () <input type="checkbox"/> |
| Board of Director | | | | | | | () | () <input type="checkbox"/> |
| Board of Director | | | | | | | () | () <input type="checkbox"/> |
| Board of Director | | | | | | | () | () <input type="checkbox"/> |
| Trustee (1 Year) | | | | | | | () | () <input type="checkbox"/> |
| Trustee (2 Year) | | | | | | | () | () <input type="checkbox"/> |
| Trustee (3 Year) | | | | | | | () | () <input type="checkbox"/> |
| Sergeant-at-Arms | | | | | | | () | () <input type="checkbox"/> |
| Business Agent | | | | | | | () | () <input type="checkbox"/> |
| Business Rep | | | | | | | () | () <input type="checkbox"/> |
| Co-Chairperson | | | | | | | () | () <input type="checkbox"/> |
| Co-Chairperson | | | | | | | () | () <input type="checkbox"/> |

Additional officers may be listed on a separate sheet.