

# Report of Changes in Chapter Leadership

Complete and send to your regional secretary

Eastern Washington: Connie Joseph at [cjoseph@pseofwa.org](mailto:cjoseph@pseofwa.org)

Western Washington: Pam Trudeau at [ptrudeau@pseofwa.org](mailto:ptrudeau@pseofwa.org)

**Chapter Name:** \_\_\_\_\_ **Effective Date of Change:** \_\_\_\_\_

**Individual to whom rebate check should be mailed:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**President's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ **Fax #:** \_\_\_\_\_

Email: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Co-President's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ **Fax #:** \_\_\_\_\_

Email: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Vice President's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ **Fax #:** \_\_\_\_\_

Email: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Secretary's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ **Fax #:** \_\_\_\_\_

Email: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Treasurer's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ **Fax #:** \_\_\_\_\_

Email: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Membership Officer's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ **Fax #:** \_\_\_\_\_

Email: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Leg. Representative's Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Apprenticeship Coordinator's Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Grievance Officer's Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please fill out below where appropriate – use additional sheets of paper if necessary**

**Trustees** (list classification):

Name:	Classification:	Work Location:	Work Phone:	Home Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Building Rep** (list classification):

Name:	Classification:	Work Location:	Work Phone:	Home Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Classification Rep** (list classification):

Name:	Classification:	Work Location:	Work Phone:	Home Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____