

Report of Changes in Chapter Leadership

Complete and send to your regional secretary

Eastern Washington: Connie Joseph at cjoseph@pseofwa.org

Western Washington: Pam Trudeau at ptrudeau@pseofwa.org

Chapter Name: _____ **Effective Date of Change:** _____

Individual to whom rebate check should be mailed:

Name: _____

Address: _____

President's Name: _____ **Work Phone:** _____

Address: _____ **Home Phone:** _____

City, State, Zip: _____ **Fax #:** _____

Email: _____ **Cell Phone:** _____

Co-President's Name: _____ **Work Phone:** _____

Address: _____ **Home Phone:** _____

City, State, Zip: _____ **Fax #:** _____

Email: _____ **Cell Phone:** _____

Vice President's Name: _____ **Work Phone:** _____

Address: _____ **Home Phone:** _____

City, State, Zip: _____ **Fax #:** _____

Email: _____ **Cell Phone:** _____

Secretary's Name: _____ **Work Phone:** _____

Address: _____ **Home Phone:** _____

City, State, Zip: _____ **Fax #:** _____

Email: _____ **Cell Phone:** _____

Treasurer's Name: _____ **Work Phone:** _____

Address: _____ **Home Phone:** _____

City, State, Zip: _____ **Fax #:** _____

Email: _____ **Cell Phone:** _____

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:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____