CHAPTER LEADERSHIP CHANGE FORM

Complete and send to your Regional Office Coordinator:

Auburn: Pam Trudeau at ptrudeau@pseofwa.org Spokane: Deborah Nutt at dnutt@pseofwa.org Tri-Cities: Connie Joseph at cjoseph@pseofwa.org Vancouver: Jill Ziegler at jziegler@pseofwa.org Chapter Name: Effective Date:____ *Sign up to receive text message alerts, text "PSE1948" to 787753 on your phone. Immediately after subscribing, you will receive a confirmation text from PSE SEIU 1948. Standard carrier message and data rates may apply." Rebate Recipient (Checks will be mailed to): Remove: Home Email: Home Address: **Chapter President: Chapter Co-President:** Name: Name:_____ Address: Address: City, State, Zip:____ City, State, Zip:____ Cell Phone: Cell Phone: Home Phone:____ Home Phone: Work Phone: Work Phone: Home Email: Home Email: **REMOVE Chapter President: REMOVE Chapter Co-President: Chapter Vice President: Chapter Secretary:** Name:____ Name: City, State, Zip: City, State, Zip: Cell Phone:____ Cell Phone: Home Phone:_____ Home Phone: Work Phone: Work Phone: Home Email: Home Email: REMOVE Chapter Vice President: **REMOVE Chapter Secretary:**

^{*}By providing my cell phone number, I understand the Service Employees International Union, its local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.

Chapter Treasurer:	Chapter Membership Officer:
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Home Email:	Home Email:
REMOVE Chapter Treasurer:	REMOVE Membership Officer:
Name:	Name:
Chapter Leg Representative:	<u>Chapter Grievance Officer:</u>
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Home Email:	Home Email:
REMOVE Chapter Leg Representative:	REMOVE Chapter Grievance Officer:
Name:	Name:
Trustees (List Classification): Name Classification Title Work Location	on Cell Phone Home Phone
REMOVE Trustees: Name	
Building Rep (List Classification):	
Name Classification Title Work Locati	on Cell Phone Home Phone
REMOVE Building Rep: Name	
Classification Rep (List Classification):	
Name Classification Title Work Locati	on Cell Phone Home Phone
DEMOVE Classification Pany Name	
REMOVE Classification Rep: Name	