



UNITED TRANSPORTATION UNION

Report of Elections

NOTE: Article 57, Lines 107-110: "Locals must, following each election of officers or succession to office, promptly notify the General Secretary and Treasurer, interested General Chairpersons, State and District Legislative Boards of the names and addresses of the new officers."

Mail to: **General Secretary & Treasurer, ATTN: Directory, United Transportation Union, 24950 Country Club Blvd., Ste. 340, North Olmsted, OH 44070-5333.**

Please include information as to time and place your Local holds its meeting **ONLY IF CHANGE IS REQUIRED IN DIRECTORY**, and also furnish any other corrections that are needed to be made in the current directory.

Local Number _____

Date _____

President

Vice President

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

ZIP: _____

ZIP: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Secretary-Treasurer

Secretary

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

ZIP: _____

ZIP: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Treasurer

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Trustee

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Trustee

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Trustee

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Legislative Representative

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Alt. Legislative Representative

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Delegate

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Alternate Delegate

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Local Chairperson, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Vice Local Chair, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Vice Local Chair, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Secretary, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Local Chairperson, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Vice Local Chair, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Vice Local Chair, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

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E-Mail: _____

Vice Local Chair, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Vice Local Chair, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Secretary, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Local Chairperson, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Vice Local Chair, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Secretary, LCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

General Chairperson, GCA-_____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

E-Mail: _____

Changes for Directory

Please include information as to time and place your Local holds its meeting ONLY IF CHANGE IS REQUIRED IN DIRECTORY, and also furnish any other corrections that are needed to be made in the current directory.

