

Local Union Officers
System Council No. 16, IBEW

Local: _____ Date: _____

Local Meeting:

Time: _____

Date: _____

Location: _____

President:

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____

Vice-President

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____

Local Chairman:

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____

Financial Secretary:

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____

Recording Secretary:

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____

Committeeman:

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____

Committeeman:

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____

Treasurer:

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____

Committeeman:

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____

Committeeman:

Name: _____

Address: _____

Phone No: () _____

Fax No: () _____

E-Mail: _____