

NOTICE OF CHAPTER CHAIR ELECTION 2017-2018

Please fill in all information asked for below. Return this completed form to UTLA as soon as possible after the election or FAX: (213) 251-9891 or via email to psykes@utla.net.

School _____ Chapter Code _____

Date election was held _____ UTLA Area **N S E W C VE VW H**
(Circle one)

Name of 2016-2017 Chapter Chair _____

School Phone #(_____) _____ School Fax#(_____) _____

DATA FOR 2017-2018

Chapter Chair _____ Employee # _____
(one per site) (Please use full legal name)

First time Chapter Chair? YES _____ NO _____

Home Address _____

City _____ Zip Code _____ (NON-LAUDS) Email Address _____

Home Phone #(_____) _____ Cell Phone #(_____) _____

1st Vice-Chair or Co-Chair _____ Employee # _____
(Co-Chair for 80+ Teachers) (Please use full legal name)

Home Address _____

City _____ Zip Code _____ (NON-LAUDS) Email Address _____

Home Phone #(_____) _____ Cell Phone #(_____) _____

2nd Vice-Chair _____ Employee # _____
(one per site) (Please use full legal name)

Home Address _____

City _____ Zip Code _____ Email Address _____

Home Phone #(_____) _____ Cell Phone #(_____) _____

Election Committee Chair's name (*please print*) _____

Election Committee Chair's signature (*not the chapter chair*) _____

Election Committee Chair's phone number #(_____) _____

Please make a copy for your UTLA Chapter's records

For Office Use Only	
Verified <input type="checkbox"/>	Date: _____
Note:	