



This coupon is for those assigned to multiple sites.

Voter Area & Special Category Designation

(Employee Number) (Please Print Name)

LAUSD Work locations Location numbers

(Site where principally assigned)

Length of time at site _____

I declare that I am a member of the following:

- Check one: _____ Substitute Teachers (K-12, Early Ed, or Adult)
 _____ Special Educators and Itinerants (Arts, Music teachers, Coaches, etc.)
 _____ Health and Human Services Personnel (Nurses, Psychologists, Counselors, P.S.A., etc.)

Check one only!

- | | |
|-------------|-------------------|
| _____ North | _____ Central |
| _____ South | _____ Valley East |
| _____ East | _____ Valley West |
| _____ West | _____ Harbor |

My affiliation is (check one) _____ AFT _____ NEA _____ Dual

To the best of my knowledge, all of the above statements are true.

(Signature) (Date)

Home address: Street & No. _____

City Zip Code Home Phone

Complete and return to Tara Thomas, UTLA Elections Committee,
3303 Wilshire Blvd., 10th Floor, Los Angeles, CA 90010
Fax number: 1-213-368-6231

Received by Date _____