Local 195



International Federation of Professional & Technical Engineers

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OFFICIAL CHAPTER OFFICER DESIGNATION FORM Please print neatly and complete all information.

| NAME OF EMPLOYEE: | |
|-----------------------------------|----------------|
| | |
| DEPARTMENT: | |
| JOB TITLE | |
| | |
| UNIT (OMSC/I&S): | |
| | |
| PAYROLL CODE/WORK LOCATION: | |
| | |
| CHAPTER TITLE: | |
| NEW OR REPLACING CHAPTER OFFICER: | |
| | |
| ADDRESS: | |
| | |
| | |
| | |
| HOME PHONE NUMBER: | |
| WORK PHONE NUMBER: | |
| CELL/OTHER | |
| | |
| EMAIL ADDRESS: | |
| Chapter President Signature: | Date: |
| Chapter Name: | |
| | |
| LOCAL OFFICE USE ONLY | |
| Approved By: | Date Approved: |