



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: _____