

CANDIDATE INFORMATION SHEET

Name: _____ Local Union # _____
[Please print name as it is to appear on ballot]

Check one of the boxes below, if applicable:

- GCC
- BMW Division of IBT Rail Conference
- BLET Division of IBT Rail Conference

Last Four Digits of SSN/SIN #: _____ Home Phone: _____

Business Phone: _____ FAX: _____

Address: _____

Email Address: _____

Address is: Home Business

CANDIDATE IS RUNNING FOR: DELEGATE ALTERNATE

Nominator: _____

Address: _____

Email: _____

Phone: _____ Home Business

Last 4 of SSN/SIN # _____

Second: _____

Address: _____

Email: _____

Phone: _____ Home Business

Last 4 of SSN/SIN # _____

Nominator: _____

Address: _____

Email: _____

Phone: _____ Home Business

Last 4 of SSN/SIN # _____

Second: _____

Address: _____

Email: _____

Phone: _____ Home Business

Last 4 of SSN/SIN # _____