

INTERNATIONAL OFFICER CANDIDATE INFORMATION SHEET

By providing the information requested, you consent to use of the information by the Office of the Election Supervisor for purposes of monitoring and enforcing compliance with the *Rules* of the 2020-2021 IBT International Union Delegate and Officer Election.

Name: _____ LU/GCA/SF # or Name: _____
[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 4 of SSN/SIN (Optional): _____ Home Phone: _____

Business Phone: _____ FAX: _____

Home Address: _____

Email Address: _____

CANDIDATE IS RUNNING FOR: _____

Nominator: _____

Home Address: _____

Email: _____

Phone: _____ Home Business

Last 4 of SSN/SIN (Optional): _____

Optional Additional

Nominator: _____

Home Address: _____

Email: _____

Phone: _____ Home Business

Last 4 of SSN/SIN (Optional): _____

Secunder: _____

Home Address: _____

Email: _____

Phone: _____ Home Business

Last 4 of SSN/SIN (Optional): _____

Optional Additional

Secunder: _____

Home Address: _____

Email: _____

Phone: _____ Home Business

Last 4 of SSN/SIN (Optional): _____