

# OCSEA Officer Information Sheet

Please print all information.

\*Only the President, Acting President, Secretary, Election Committee Chairperson or Assigned State Board of Director is authorized to supply this information.

Chapter, District or Assembly Name & Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_

<b>President:</b> _____	<b>Vice President:</b> _____
Address: _____	Address: _____
Employing Agency: _____	Employing Agency: _____
Work Phone: (    ) _____	Work Phone: (    ) _____
Home Phone: (    ) _____	Home Phone: (    ) _____
Home E-Mail: _____	Home E-Mail: _____
Cell: (    ) _____	Cell: (    ) _____
Last four of SSN/Full Emp. ID. _____	Last four of SSN/Full Emp. ID. _____
Person Replaced: _____	Person Replaced: _____

<b>Secretary or Secretary/Treasurer:</b> _____	<b>Treasurer:</b> _____
Address: _____	Address: _____
Employing Agency: _____	Employing Agency: _____
Work Phone: (    ) _____	Work Phone: (    ) _____
Home Phone: (    ) _____	Home Phone: (    ) _____
Home E-Mail: _____	Home E-Mail: _____
Cell: (    ) _____	Cell: (    ) _____
Last four of SSN/Full Emp. ID. _____	Last four of SSN/Full Emp. ID. _____
Person Replaced: _____	Person Replaced: _____

Date of Election: \_\_\_\_\_

\*I, \_\_\_\_\_, Title: \_\_\_\_\_  
attest the above information is accurate as of the above date.

Form Updated 8/17/10