Ohio Civil Service Employees Association
Delegate Information Sheet

Print name & Title. Only the President, Vice President, Secretary or Election Committee Chairperson is authorized to supply this information.

Chapter Name: _____ Date:_____

Delegate To:_____ (Name of Assembly/Council or Both) Last 4 digits of Social Security No._____ Name:_____ Address:_____ _____ Work phone: ( )_____ Home phone: ( )_____ Home Email:_____ Cell ( )_____ Date of Election_____ Person Replaced:_____	Delegate To:_____ (Name of Assembly/Council or Both) Last 4 digits of Social Security No_____ Name:_____ Address:_____ _____ Work phone: ( )_____ Home phone: ( )_____ Email:_____ Cell: ( )_____ Date of Election _____ Person Replaced:_____
Delegate To:_____ (Name of Assembly/Council or Both) Last 4 digits of Social Security No._____ Name:_____ Address:_____ _____ Work phone: ( )_____ Home phone: ( )_____ Email:_____ Cell: ( )_____ Date of Election:_____ Person Replaced:_____	Delegate To:_____ (Name of Assembly/Council or Both) Last 4 digits of Social Security No_____ Name:_____ Address:_____ _____ Work phone: ( )_____ Home phone: ( )_____ Email:_____ Cell: ( )_____ Date of Election:_____ Person Replaced:_____

I, _____attest the above information is accurate.

Revised 05/06 delfchfm

Return to OCSEA AFSCME Local 11, AFL/CIO c/o IT Secretary, 390 Worthington Road, Ste A, Westerville, OH 43082, or Fax to (614) 865-4777