Absentee Nomination and Ballot Request Form Local Lodge 1979

Members requesting to nominate, vote in the October endorsement vote, and/or vote in the November election by absentee should make those requests as soon as possible. Absentee nomination forms must be received by September 23, 2022. Absentee ballots for the October endorsement vote meeting must be received by October 28, 2022. Absentee ballots for the November election must be received by November 29, 2022.

You must mail this **Request Form** via United States Postal Service (USPS) to <u>IAM Air Transport District Lodge 142</u>, <u>PO Box 51416</u>, <u>Phoenix</u>, <u>AZ 85076-1416</u>, 10 days prior to the nomination/voting date set forth in the <u>Notice of Nominations</u> and <u>Elections</u>. You may deliver in person this request to <u>IAM Air Transport District Lodge 142 Secretary-Treasurer</u>, <u>9633 S. 48th St.</u>, <u>Suite 175 Phoenix</u>, <u>AZ 85044-8627</u> no later than 10 calendar days before the nomination meeting, endorsement meeting and/or the election meeting as set forth in the notice of election. Only 1-member request per envelope or deliver in person by the member only.

Please print and carefully enter the requested information. Clearly check the box next to the form/ballot(s) you are requesting. Complete information is needed to process your request.

Local Lodge Number: Membership Card Number or Employer & Employee ID Number:

Local Lodge Number: Membership Card Number or Employee & Employee ID Number:		
Name (Print):	Email:	
Member Phone Number:	Cell Phone No:	
Street Address:		
City:	State:	_ Zip:
I request a mail-in Nomination Form for the following reason(s) o I reside more than 25 miles from the designated local lodge po o I am confined due to an illness or injury, including concerns rela o I will be on family leave. o I will be on employer assignment/at work. o I am retired and will be more than 25 miles from my residence. I request a Local Lodge Endorsement Vote Form for the following o I reside more than 25 miles from the designated local lodge po o I am confined due to an illness or injury, including concerns rela o I will be on family leave. o I will be on vacation (active employees only). I will be on employer assignment/at work. o I am retired and will be more than 25 miles from my residence.	ling location. ated to COVID 19. o I will be on official IAM business o I will be on military leave. ng reason(s). Check all reasons that apply: ling location. ated to COVID 19. o I will be on official IAM business o I will be on military leave.	
o I reside more than 25 miles from the designated local lodge po	ling location.	oly:
 I am confined due to an illness or injury, including concerns related I will be on family leave. 	ated to COVID 19.	
o I will be on vacation (active employees only).	o I will be on official 1AM business	
 I will be on employer assignment/at work. I am retired and will be more than 25 miles from my residence. 	o I will be on military leave.	
Signature:(Member Signature Required)	/Date	