

TWU DUPLICATE BALLOT REQUEST

Mechanic and Related Contract Ratification Vote

MECHANIC & RELATED (TITLE I & II)

STORES (TITLE V)

TECHNICAL SPECIALISTS

NAME: _____

ADDRESS: _____

DID YOU MOVE / IS THIS A NEW ADDRESS? **YES** **NO**

EMPLOYEE ID # _____ JOB TITLE _____ PHONE NUMBER _____

WHAT TITLE GROUP ARE YOU IN? (Circle one) TITLE 1 / TITLE 2 / STORES/TECH SPEC

WHAT LOCAL ARE YOU AN ACTIVE MEMBER OF? _____

REASON FOR REQUEST: _____

PERSON WHO FILLED DUPLICATE REQUEST / PRINT _____

SIGNATURE AND DATE _____

AAA USE ONLY

LOCAL _____ **CONTROL#** _____

ATTENTION AAA ADMINISTRATOR - IF THE ABOVE INDIVIDUAL IS NOT ON THE MASTER MEMBERSHIP LIST, PLEASE CONTACT:

KAREN AVANTS – TWU EXECUTIVE SECRETARY ATD/RATIFICATION COORDINATOR
817-282-8112 OR k-avants@twu.org