

CANDIDATE INFORMATION SHEET

By providing the information requested, you consent to use of the information by the Local Union election committee or third-party administrator as well as 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 Digits of SSN/SIN _____ Mobile Phone: _____
(Optional):

Business Phone: _____ FAX: _____

Home Address: _____

Email Address: _____

CANDIDATE IS RUNNING FOR: DELEGATE ALTERNATE

Nominator: _____
Home Address: _____

Email: _____
Phone: _____ Home Business
Last 4 of SSN/SIN (Optional): _____

Second: _____
Home Address: _____

Email: _____
Phone: _____ Home Business
Last 4 of SSN/SIN (Optional): _____

Nominator: _____
Home Address: _____

Email: _____
Phone: _____ Home Business
Last 4 of SSN/SIN (Optional): _____

Second: _____
Home Address: _____

Email: _____
Phone: _____ Home Business
Last 4 of SSN/SIN (Optional): _____