



Affiliate Elections for Delegate to the NYSUT R.A. and the AFT Convention
Request for Labels

Print Name _____ Academic Professional

Phone Number _____ Email Address _____

Address (Include Street, City, State, Zip) _____

I am a candidate for _____ Date Requested _____

Indicate the categories of eligible **Regular Members** for labels. (Check All Boxes That Apply)
ONLY REGULAR MEMBERS MAY VOTE.

- All Regular Members**, including Contingents
 - Contingents Only (Academic and Professional)
- Regular Academic Members**, including Contingents Only
 - Contingents Only (Academic)
- Regular Professional Members**, including Contingents Only
 - Contingents Only (Professional)

I certify that I have read, understand, and agree to the provisions of UUP Policies and Procedures for Distributing Campaign Literature in UUP Elections. I request labels in accordance with UUP Policies and Procedures. I understand that each set of labels of names and home addresses, provided by UUP, is limited to use in a UUP election.

Print Name Signature Date

Please FAX or MAIL this request to UUP