



Chapter Elections

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 **Members** for labels. (Check All Boxes That Apply)

Chapter: _____

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

_____ Signature _____ Date _____

Please FAX or MAIL this request to UUP