## TWU DUPLICATE BALLOT REQUEST

## **Mechanic and Related Contract Ratification Vote**

## MECHANIC & RELATED (TITLE I & II) STORES (TITLE V) TECHNICAL SPECIALISTS

NAME:						
ADDRESS:	:					
DID YOU M	OVE / IS THIS A NE	W 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 F	FOR REQUEST: _					
PERSON V	VHO FILLED DUP	LICATE REQUES	T/PRINT			
		SIGNATURE A	ND DATE			
AAA USE ONLY						
	LOCAL		CON	TROL#		

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