

EXECUTIVE QUESTIONNAIRE



Local Number: _____

Date of Election: _____

NAME

ADDRESS

TELEPHONE

PRESIDENT

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

VICE-PRES

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

SECRETARY

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

TREASURER

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

SEC-TRES

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

CHIEF STEWARD

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

Completed QUESTIONNAIRE to be returned to: UNE, 150 Isabella, Ste 900, Ottawa, ON K1S 1V7