

LOCAL OFFICERS/ADDRESS UPDATE

LOCAL # _____

LOCAL NAME _____

PRESIDENT

Name _____

Address _____

City & Zip _____

Phone: (Station) _____

(Home) _____

(Fax) _____

(Mobile) _____

e-mail _____

VICE-PRESIDENT

Name _____

Address _____

City & Zip _____

Phone: (Station) _____

(Home) _____

(Fax) _____

(Mobile) _____

e-mail _____

SECRETARY

Name _____

Address _____

City & Zip _____

Phone: (Station) _____

(Home) _____

(Fax) _____

(Mobile) _____

e-mail _____

TREASURER (send per capita forms to)

Name _____

Address _____

City & Zip _____

Phone: (Station) _____

(Home) _____

(Fax) _____

(Mobile) _____

e-mail _____

PLEASE PRINT OR TYPE. DO NOT INCLUDE HOME ADDRESS UNLESS THAT IS WHERE YOU WANT OFFICIAL MAIL SENT.

PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE FOR OUR RECORDS.

SEND TO:

OAPFF

Attn: Joan Ferner

140 E. Town Street, Suite 1225

Columbus, Ohio 43215

E-MAIL:

Joan@oapff.org

OR FAX TO:

(614) 488-9925