



**Teamster Local 641
2009
Shop Steward
Information Form**

Name _____

Address _____

City _____ State _____ Zip _____

Employer _____

Work Phone Number _____

Home Phone Number _____

Cell Phone _____

E-mail Address _____

Fax Number _____

Please Check the Location you would like to receive mail at

_____ Home _____ Work

**If any of the information *Changes*
It is important that you notify the Union Office
908-686-8898**