

ASEA/AFSCME Local 52 Elections
Mail Ballot Request Form

Date of Request: _____

Election: Statewide 2025

Name:

First M.I. Last

Current home mailing address:

Street Address

City State Zip

Contact phone number:

Select One:

Mail Ballot

Replacement Ballot

Member verification (Required):

Employee ID # _____ and Year of Birth _____ OR Last 4 SSN _____

Fax to 907-277-5206

OR

Email to elections@afscmelocal52.org

Mail or Replacement Ballots will be mailed to the address provided above

For Office Use Only

Date Received/by: _____ Member Status Confirmed: _____

Date Mailed/by: _____ Mailing Address Confirmed: _____ OR Updated _____