

**REFERENDUM FOR THE NATIONAL MASTER
ABF AGREEMENT AND SUPPLEMENTS
(CHALLENGE MEMBER ELIGIBILITY FORM)**

NAME:

MEMBER ID:

LOCAL UNION:

ADDRESS:

Street

Apt. #

City

State

Zip

CHALLENGED BY:

REASON FOR CHALLENGE:

Signature of Officer or Business Agent

Print Name

Local Union #

City and State

Phone Number

This form must be completed for each challenge to a member's eligibility and faxed directly to the Independent Election Supervisor c/o the IBT Freight Division (202) 624-8722. BEGINNING ON Wednesday, May 9, 2018 at 9:00 a.m. EASTERN TIME, and NO LATER THAN 8:00 p.m. EASTERN TIME, Wednesday, May 9, 2018. Thank you.

Thank you.