

**REFERENDUM FOR THE NATIONAL MASTER  
ABF AGREEMENT AND SUPPLEMENTS  
(VOTER ACCESS CODE REQUEST FORM)**

**NAME:**

**LAST FOUR DIGITS OF MEMBERS SS#:**

**ADDRESS:**

Street

Apt. #

City

State

Zip

TITAN SJC Code (6 digits)

Send Voter Access Code and Voting Instructions via  Email or  Text Message  
(Must Select One)

Email:

Cell Phone:

\_\_\_\_\_  
Signature of Officer or Business Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Local Union #

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Phone Number

**This form must be completed by the Local Union for each eligible employee that request a NEW or DUPLICATE voter access code and faxed directly to (202) 624-8722, NO LATER THAN 12 NOON EASTERN TIME, TUESDAY, MAY 8, 2018.**

Thank you.