MEF
Municipal Employees Federation

Please help us to provide you with timely information and communication by completing this sign-in-sheet. Thank you!

(Please Print Clearly)

First Name

Employee ID

Last Name

Job Title

Department

Worksite Location

Home Address

City, State, Zip Code

Home Phone (xxx-xxx-xxxx) - -

Cell Phone (xxx-xxx-xxxx) - -

Personal E-Mail Address *(please do not enter work addresses)*

Attend Union Meeting	Yes	☐	No ☐	Attend A City Council Meeting	Yes	☐	No ☐
Talk To Co-Workers	Yes	☐	No ☐	Attend A Rally	Yes	☐	No ☐
Precinct Walking	Yes	☐	No ☐	Worksite Meeting	Yes	☐	No ☐

Comments / Notes: