

REQUEST FOR ABSENTEE BALLOT

THIS FORM MUST BE USED WHEN MAKING A
REQUEST FOR AN ABSENTEE BALLOT.

No other form will be accepted as a request
for an absentee ballot.

PLEASE BE SURE TO PRINT ALL INFORMATION.

Name: _____

Address: _____

City/State/Zip: _____

Membership ID# (required): _____

SNA-NC District #: _____

Chapter Name: _____

School District: _____

Signature: _____

**All requests must be postmarked on
or before May 6, 2016**

Mail to: Chairman of the Tellers
Tina Brisson
Lockhart Elementary School
1321 North Smithfield Road
Knightdale, NC 27545