



Do not skip this page!

# IT'S TIME TO UPDATE YOUR INFORMATION!

**W**e need information. Your information to be exact. We try hard to stay in touch with you, but you have to help us. We need all of the contact information requested on the coupon below.

We'd also like to know whether you are presently a provisional, permanent or non-competitive employee, your title and any underlying

permanent title you may hold, if you are currently a provisional.

**We are also asking you for your Employee Identification Number. If you do not know your Employee ID number, please ask your personnel office.** So, please don't skip this page. Fill out the coupon below and mail or fax it back to the union.

## OSA MEMBER INFORMATION UPDATE

Mail to: OSA, 220 East 23<sup>rd</sup> Street, Suite 707, New York NY 10010 or Fax to: (212) 686-1231

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

Agency \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Employee ID No.: \_\_\_\_\_

I am a:

	Provisional	Permanent
Staff Analyst Trainee	<input type="checkbox"/>	<input type="checkbox"/>
Staff Analyst	<input type="checkbox"/>	<input type="checkbox"/>
Associate Staff Analyst	<input type="checkbox"/>	<input type="checkbox"/>
Admin. Staff Analyst	<input type="checkbox"/>	<input type="checkbox"/>

Other Title (specify) \_\_\_\_\_

Non-Competitive Title (HHC): \_\_\_\_\_

