

SUMMUP Legal Defense Fund		
Application for Fact Finding and Arbitration Cases		
Name of Local	Local Number	
Local Address		
City/Town	State	Zip Code
Local President	Phone Number	
OER/Arbitration Number	Date of hearing	
Name on case:		
Decision on case:		
Date of AFSCME Council 93 decision to go forward with case		
Local's cost of case \$	Amount being requested &	
Signature of Local president	Date	
** SUMMUP reimburses only 25% of the locals cost or a maximum of \$500.00		
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** To receive reimbursement from SUMMUP the local must attach a copy of the paid bill, copy of the check (to show being cashed by council) and a copy of the arbitration decision.		
Mail packet to: Cathie Conlon		
131 West Street #2		
Walpole, MA 02081		
I hereby certify that the above mentioned local is a member in good standing of the SUMMUP Legal Defense Fund and Per Capita Dues are paid in full.		
Signature:	Date	
Cathryn Conlon SUMMUP Legal Defense Fund Treasurer		
Date approved for payment by SUMMUP		
Date Paid	Check Number	Check Amount \$
Revised 2/23/07		