



UAW Local 2075
Region 2B

Member Information Form

Seniority Date:

Last Name:

First Name:

Middle Initial:

Sex: M or F Date of Birth: Marital Status: Married Single Divorced Widowed

Address:

City State: Zip: County:

Phone #: CellPhone: *Yes send me txt messages

Email:

Veteran Y or N

Branch:

Years of Service:

Union Committee Volunteers:

(Please X by ones you are interested in being a part of)

- Worker to Worker/ CAP
- Veteran's Committee
- Civil Rights
- Recreational and Conservation
- Communittee Service
- Women's Committee
- Union Label
- Chaplin
- Election
- Educational

Dependant Information

Full Name: Last First MI DOB

Full Name: Last First MI DOB

Full Name: Last First MI DOB

Full Name: Last First MI DOB

Full Name: Last First MI DOB

