Member Information Form

UAW Local 2075
Region 2B

Seniority Date:	Last Name:
	First Name:
	Middle Initial:

Sex: M or F	Date of Birth:	Maritial 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	☐ Communitee Service	☐ Chaplin
☐ Veteran's Committee	☐ Women's Committee	☐ Election
☐ Civil Rights	☐ Union Label	☐ Educational
☐ Recreational and Conservation		

Dependant Information

Ful 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

*** Return to your Recording Secretary as soon as possible ***