



RETIRES CONTACT INFORMATION SHEET

“PLEASE PRINT CLEARLY”

1. FULL NAME: _____
FIRST MIDDLE LAST Sr, Jr, III
2. HOME ADDRESS: _____
ADDRESS CITY STATE ZIP
3. TELEPHONE NUMBER: _____
HOME PHONE CELL PHONE
4. (PERSONAL) EMAIL ADDRESS: _____
5. IDENTIFY YOUR CURRENT LOCATION: _____
TERRITORY/ DISTRICT/ LOCAL LODGE
6. UNION TITLE AT TIME OF RETIREMENT: _____
7. GENDER: _____ YEARS RETIRED: _____
8. EMPLOYERS NAME AT RETIREMENT: _____
9. IAM CARD NO: _____

PLEASE RETURN TO:
Retirees & Employee Assistance Program Department
Attn: Director, Edward Manhart
9000 Machinists Place, Room 305,
Upper Marlboro, MD 20772
or to fax: 301-967-3427