International Association of Machinists and **Aerospace Workers** 



9000 Machinists Place Upper Marlboro, Maryland 20772-2687

Area Code 301 967-4500



OFFICE OF THE INTERNATIONAL PRESIDENT

February 17, 2017

#### Dear Brothers and Sisters:

This is the Official Announcement seeking participants for the Local Lodge History Project to be held June 11-16, 2017. The Local Lodge History Project is designed to help members learn how to uncover and tell the history of their Local Lodges. The week-long program is held every other year at the William W. Winpisinger Education and Technology Center and covers such topics as how to organize a history project, how to do an oral interview, and how to manage and preserve your Local Lodge records. These include collecting oral histories, developing websites, preserving records, and donating historical materials (records) from Local Lodges to the Southern Labor Archives at Georgia State University, the official repository of the IAM. This program offers an opportunity for Local Lodges to record their history.

This special program is conducted every other year and is limited to 21 participants from 7 Local or District Lodges. Local or District Lodges choose three (3) people to attend, one (1) active member and two (2) retired members. The Local Lodges are chosen to participate based on the following criteria:

- 1. Local Lodges must submit the name of one active member and two retired members willing and able to work together to explore the history of their Local Lodge.
- 2. The members must be able to develop a project that will illustrate a historical aspect of their Lodge.
- 3. The members must be able to develop a list of retired members whom they wish to interview.

Local Lodges interested in participating in the program are advised to fill out and return the attached forms by no later than April 9, 2017. Fax the completed forms to (301) 967-3427, attention Anna Georgallas or email them to ageorgallas@iamaw.org. If you have any questions regarding this unique program, please contact Greg Murray at (301) 373-3300.

Fraternally,

Robert Martinez, Jr. International President

**Executive Council** CC GLRs, DBRs Chris Wagoner Greg Murray Dir. Manhart

### Local Lodge History Project June 11-17, 2017

### Participant Information Sheet William W. Winpisinger Education and Technology Center

| ☐ Active ☐ Retired ( <i>Please check one</i> )                                      |  |              |  |  |
|---|--|--------------|--|--|
| "Pull out your Driver's License."   | Mandatory - The following information must be filled in Verify your name is as it appears on your Driver's License or Passport that you are presenting as identification at the airport. |              |  |  |
|   | First Name:  |              |  |  |
|   | Middle Name:   |              |  |  |
|   | Last Name:   |              |  |  |
|   | Date of Birth:   |              |  |  |
| itle: District Lodge:   |  |              |  |  |
| Gender: Territory:  |  |              |  |  |
| Mailing Address:  |  |              |  |  |
| City  | Province/  | Postal Code/ |  |  |
| City:   |  |              |  |  |
| Home Phone:   |  |              |  |  |
| Cell Number:  |  |              |  |  |
| E-Mail Address:   |  |              |  |  |
| Last 4 digits of SSN/SIN:IAM Book No.:  |  |              |  |  |
| What industry are the Local's members employed in?                                  |  |              |  |  |
| When was your Local chartered?  |  |              |  |  |
| Do you envision your history project to be:   Oral History   Archival/Photo Display |  |              |  |  |
| □ Written History □ Commemorative/Anniversary History □ Significant Event           |  |              |  |  |
| □ Other   |  |              |  |  |
| Please briefly describe:  |  |              |  |  |

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|---|---|--|--|--|
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|   | Date of Birth:  |  |  |  |
| Title: District Lodge: District Lodge:  Gender: Territory:                          |   |  |  |  |
| Mailing Address:  |   |  |  |  |
| City:   |   | Postal Code/<br>Zip Code:  |  |  |
| Home Phone:   | Work Phone:   |  |  |  |
| Cell Number:  |   |  |  |  |
| E-Mail Address:   |   |  |  |  |
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| □ Written History □ Commemorative/Anniversary History □ Significant Event           |   |  |  |  |
| □ Other   |   |  |  |  |
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|   | Middle Name:   |                           |  |  |
|   | Last Name:   |                           |  |  |
|   | Date of Birth:   |                           |  |  |
| Title: Loca   |  |                           |  |  |
| Gender: Territory:  |  |                           |  |  |
| Mailing Address:  |  |                           |  |  |
| City:   |  | Postal Code/<br>Zip Code: |  |  |
| Home Phone:   |  |                           |  |  |
| Cell Number:  |  |                           |  |  |
| E-Mail Address:   |  |                           |  |  |
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