IAMAW Veteran Services Contact Information

"PLEASE PRINT CLEARLY"

1. In which branch or branches of military have you served?

Please circle all that apply.



Air Force	Army	Coast Guard	Marine Corps	Navy	National Guard	Reserve	
2. Please _l	orovide you	r current military	status: Active, Retire	ed or Other:			
3. Full Nar	ne:	First		Last			
		First	MI	Last	Į.	Sr., Jr. etc.	
4. Mailing	address:						
	_		City		State	ZIP	
5. Telephone Contact: Home phone					Cell (Important)		
6. (Person	al) Email ad	ddress:	(To receive information, pro				
			(To receive information, pro	ovide personal en	nail address)		
7. Identify	your curren	t location:	Territory				
			·		District	Lodge	
8. Union T	itle/ Positior	າ:	(ex: GLR, BR, Pres,	Shop Steward, N	Member, etc)	 	
9. Gender:		Years ser	ved in the military: _	 	 		
10. Curren	t IAM status	G:(Active or Retir	red) IAM Card or	Book Numb	er:(Very Import	ant)	
11. Are yo	u willing to	serve on a Vetera	an's Committee?	YE	ES NC)	
	T1 1		-ll'l'l				

Thank you for your dedication and service to our country!

Please mail completed form to:

IAMAW Veteran Services 9000 Machinists Place Upper Marlboro, MD 20772

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FAX: 301-967-4590

You may also complete and submit this form electronically online at: iam4.me/iamveterans