

IAMAW - Retired Member Organizing Volunteer Form



“PLEASE PRINT CLEARLY”

Yes, I would like to volunteer for Organizing in the IAM.

Name: _____

Address: _____

City: _____ St/ Province: _____ Zip/ Postal: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____

Membership Number: _____ Territory: _____

Local Lodge: _____ District Lodge: _____

Industry/Specialty: _____

Have you assisted in IAM organizing before? (*please circle*) YES NO

I understand that I am providing this information for the purposes of volunteering to participate in IAM Organizing activities and this information will not be used for purposes other than to assist the IAM Organizing department.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:
Retirees & Membership Assistance Department
9000 Machinists Place, Room 305
Upper Marlboro, MD 20772
or to EFax: 240-823-9330