Union Membership Verification Form

To be considered for a grant, this form must be completed by the applicant, verified by a local union representative, and sent in with the application.

*If you can’t obtain verification from your local union, please contact your International union.*

**Union Member Information:**

I. ______________________________ verify I’ve been a member in good standing of

Name of union member

Name of union ____________________________ since ___________ / ____________

Local Month Year

Signature of union member ____________________________ Date ___________

**Local Union Representative Verification:**

**Attention Local Union Representative:**
This form is a required part of the Union Plus grant application package. Please complete it promptly and return it to the applicant, who must include it with his or her grant application.

Applications without this completed form will not be considered.

I verify that the above information is true and complete to the best of my knowledge.

Signature of local union representative ____________________________ Title ___________ Date ___________

Print name of local union representative ____________________________ Daytime phone number ___________

Name of Union: ____________________________ Local Number ___________

Street Address

City State Zip code

Local President’s Name: ____________________________ First Last