



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

_____ since _____ / _____
 Name of union 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