



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 have been a member in good standing
(Name of union member)

of _____ Local # _____ since _____
(Name of union) (Month/Year)

I understand if I voluntarily leave the union, not as a result of layoff, union-sanctioned strike or lock-out, I will no longer be eligible for the Union Plus Debt Management Grant.

(Signature of union member) (Date)

(Union member's current address: street, city, zip code)

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.

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

(Signature of local union representative) (Title) (Date)

(Printed name of local union representative) (Daytime phone number)

Name of Union: _____ Local Number _____

(Street address)

(City) (State) (Zip code)

Local President's Name: _____
(First and last name)

Applications without this completed form will not be considered.

Please submit a scanned version of this form to grants@unionplus.org or mail them to:
DMP Grants, 100 First St, Suite 850, Washington DC 20002.