



Local Union Sponsorship Application

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LOCAL UNION NUMBER: _____

POSITION: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ E-MAIL: _____

ANNUAL SPONSORSHIP DUES - PLEASE CHECK ONE:

- Membership over 10,000 \$2,000.00 ' /
- Membership 10,000 or under \$1,000.00 ' /
- Contribution only \$_____ ' /

SIGNATURE: _____ DATE: _____

* Please make check payable to: UFCW MINORITY COALITION

* Return form and check to: UFCW Minority Coalition
4301 Garden City Drive, Suite 400
Landover, Maryland 20785

