

# UNITED LATINOS OF U.F.C.W.

Official Membership Application Form (Please Type or Print Clearly)

## RETURN APPLICATION & DUES MONIES TO:

UFCW Local 1096  
c/o Pete Maturino, Secretary-Treasurer  
PO Box 5519  
Salinas, CA 93915

### PLEASE CHECK ONE!

NEW MEMBER: \_\_\_\_\_ (Affiliation Date \_\_\_\_\_)

RENEWAL: \_\_\_\_\_

I, \_\_\_\_\_ an (Active \_\_\_\_\_ or Retired \_\_\_\_\_) member in good standing of:

**International Union** \_\_\_\_\_ **Region #** \_\_\_\_\_ **Local Union #** \_\_\_\_\_

Union Position (If Applicable): \_\_\_\_\_

United Latinos Officer or Board Member Position (If Applicable): \_\_\_\_\_

*Hereby apply for or renew membership, as indicated above, in the United Latinos of the U.F.C.W. I pledge to abide by the Constitution of the United Latinos of the U.F.C.W., and to cooperate with the National Officers of the United Latinos in implementing the goals and objectives of this organization.*

Preferred Mailing Address (Home \_\_\_\_\_ or Work \_\_\_\_\_): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone # & Area Code: \_\_\_\_\_ Work Telephone # & Area Code: \_\_\_\_\_

FAX # & Area Code: \_\_\_\_\_ EMAIL Address: \_\_\_\_\_ Congressional District: \_\_\_\_\_

MEMBERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### CURRENT ANNUAL DUES THROUGH 12/31 ARE AS FOLLOWS BELOW:

(Please check amount enclosed)

\_\_\_\_\_ \$30.00 per year for Full-time Representatives/Organizers and Executive Officers.

\_\_\_\_\_ \$10.00 per year for Rank and File and Associate Members.

\_\_\_\_\_ \$ \_\_\_\_\_ Other Amount for Supporting Member and/or Supporting Friend  
(Fill in Amount)

### ANNUAL LOCAL UNION SPONSORSHIP

(Please check amount enclosed)

\_\_\_\_\_ \$ 100 ( 1 to 1,000 Members)  
\_\_\_\_\_ \$ 250 ( 1,001 to 5,000 Members)  
\_\_\_\_\_ \$ 500 ( 5,001 to 10,000 Members)  
\_\_\_\_\_ \$ 750 (10,001 to 20,000 Members)  
\_\_\_\_\_ \$1,000 ( Over 20,000 Members)