

# IAMAW - Retired Member Organizing Volunteer Form



“PLEASE PRINT CLEARLY”

Yes, I would like to volunteer for Organizing in the IAM.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St/ Province: \_\_\_\_\_ Zip/ Postal: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Territory: \_\_\_\_\_

Local Lodge: \_\_\_\_\_ District Lodge: \_\_\_\_\_

Industry/Specialty: \_\_\_\_\_

Have you assisted in IAM organizing before? (*please circle*)      YES      NO

*I understand that I am providing this information for the purposes of volunteering to participate in IAM Organizing activities and this information will not be used for purposes other than to assist the IAM Organizing department.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

Retirees & Employee Assistance Program Department  
Attn: Director, Edward Manhart  
9000 Machinists Place, Room 305  
Upper Marlboro, MD 20772  
or to fax: 301-967-3427