

Forms

COMMITTEE APPLICATION

Date _____

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail Address _____

Plant _____ Dept # _____ Shift _____

Standing Committees:

CAP

Chaplaincy Committee

Civil and Human Rights Committee

Constitution and By-laws

Consumer Affairs Committee

Community Services Committee

Education Committee

Recreation Committee

Union Label

Veterans' Committee

Women's Committee

Please indicate Committee you would like to serve on:

1st Choice _____

2nd Choice _____

3rd Choice _____

You will be notified when/if you are placed on a committee.

As requested, please add to the following Committee(s) _____

President, UAW Local 1112

DF02/2013

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