

Forms

Date _____

RE: UAW Local 1112 Gate Collection Request

Dear Member:

You are requesting a gate collection for assistance from the membership of UAW Local 1112. In order to make application you must be a member in good standing. Application must be for an immediate family member and cannot be requested for yourself. A member can request on behalf of another member. One gate collection per member will be considered.

In order for your request to be considered you must provide documentation with your application to support your request. A completed application must be submitted to the Recording Secretary, it will then be taken before the Executive Board. The Executive Board may then refer your application to the Local Union Community Services Committee. Community Services will investigate the application and follow up with a telephone interview. Community Services will then make a recommendation to the Executive Board which may or may not accept its decision.

If your application is approved by the Executive Board you will receive a written letter.

The gate collection will be conducted following proper Executive Board and/or Membership action. Once you receive written notification, you have **30 days to schedule the gate collection**. To schedule you must call the Financial Secretary at the Union Hall at 330-538-2213 xt 104. Once a date has been scheduled it will be posted on the next flier going out to the membership from the Hall. The day of your collection you must provide the manpower for covering the doors on all shifts. Collection buckets are at the Union Hall or you may use your own.

All money collected is to be turned into the Financial Secretary. **You must provide a deposit slip for a special account set up in that person's name. A check will be mailed to the bank with the deposit slip that you have provided immediately following the collection.**

If you have any questions, please call the Union Hall.

Fraternally,

UAW Local 1112 Executive Board Members

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GATE COLLECTION REQUEST APPLICATION

To: UAW Local 1112

Date _____

11471 Reuther Drive

Warren OH 44481

Member Information:

Name of Member making request: _____

Social Security #: _____ Phone # _____

Plant _____ Shift _____

Who will be in charge of the Collection:

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Plant _____ Shift _____

Request on behalf of:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Age _____

Relationship to Local 1112 Member: _____

Is he/she a dependent of the member: Yes _____ No _____

Bank Information: (You must have a deposit slip from a special account)

Bank Name _____ Special Account # _____

Bank Address _____

City _____ State _____ Zip _____

Additional Information on the person the request is for:

Last/Current Employment _____

Spouse Last/Current Employment _____

Total combined monthly income _____.

Is he/she insured: Through employment – Yes _____ No _____. Life Insurance – Yes _____ No _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Other _____

Union Member: Yes _____ No _____ Local No. _____ Veteran: Yes _____ No _____

Others Living in Household: _____ No. of Children Living in Household _____

Names and Ages: _____

Summary of situation (Why you need assistance). If for medical reason you must staple appropriate medical proof to this form:

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