



UNION ARMY OF THE WEST, INC. APPLICATION FOR PERSONAL MEMBERSHIP

Name: _____

Unit Name: _____ Rank: _____

Address: _____

Email Address: _____ Tel # : _____

Membership Type: Individual ____ Family ____ (If family, list members below.)

Are any members minor children under 18 years old? If so, list name and date of birth:

Please complete this "Application for Personal Membership" in its entirety, and submit to the Director of Membership for review.

AJ Gonzalez, Director of Membership

UAW USE ONLY

Received on: _____ Received by: _____

Paid: Cash ____ Check: ____ Amount: _____

I.D. Cards Issued: Yes ____ Date: _____