

Renewing Membership New Applicant

Name* _____
(PLEASE PRINT CLEARLY)

Mailing Address* _____

City* _____ State* _____ Zip* _____

Home Phone* _____

Cell Phone _____

Email _____
(TO RECEIVE CONNECTION NEWSLETTER)

Birthdate* ____/____/____

Local Union _____

Chapter _____ SOAR ID _____
(IF RENEWING)

Do you receive USW @ Work? Yes No

*INDICATES REQUIRED FIELD

Amount Enclosed* _____

- Retiree - \$12/year
- Active USW Member, age 45 or over - \$12/year
- Union Supporter, age 45 or over - \$12/year
- Spouse/Surviving spouse - \$3/year

10-Year Membership Option

- Retiree - \$100
- Active USW Member, age 45 or over - \$100
- Union Supporter, age 45 or over - \$100
- Spouse/Surviving spouse - \$30

SPOUSE

Renewing Membership New Applicant

Name of Spouse* _____

Birthdate (Spouse)* ____/____/____

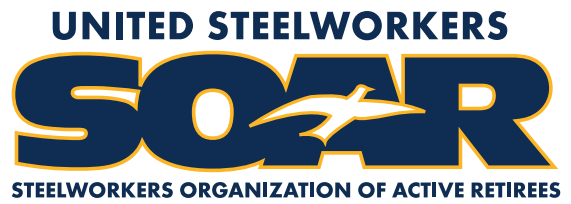
Email _____

*INDICATES REQUIRED FIELD, IF ADDING OR RENEWING A SPOUSE MEMBERSHIP

For additional information call toll-free (866) 208-4420.

Please return this application with payment to:

SOAR
60 Blvd. of the Allies
Pittsburgh, PA 15222



Join Today!

STAY INFORMED

STAY INVOLVED

STAY ACTIVE

