

**UAW MEMBERS
WILLING TO DO POLITICAL WORK
PLEASE COMPLETE THIS FORM**

Name _____ Local Union
Number _____ Unit _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Local Union Position _____

Fax (____) _____ E-Mail (____) _____

What type of political work would you be willing to do?

- _____ Distribute literature
- _____ Assemble and distribute yard signs
- _____ Hold meetings
- _____ Speak at meetings
- _____ Work on a phone bank
- _____ Hand billing

Are you a member of any of the following organizations?

- _____ American Legion
- _____ VFW
- _____ AMVETS
- _____ NAACP
- _____ A. Philip Randolph Institute
- _____ National Organization of Women
- _____ National Rifle Association

List other memberships you have _____

Do you hold an elected position in your community; such as City Council Member, Township Trustee, School Board Member, etc.? If so, what position do you hold? _____

Are you a precinct committee member? _____

Do you hold any position in a County or neighborhood Democratic or Republican Club? If so, what position do you hold? _____