International Chemical Workers Union/UFCW

MEMBERSHIP REPORT

Local: _____

Officer Signature: _____

Date: _____

Help us to improve accuracy, please print legibly!

Incoming Members

Enter Month/Year for columns NEW/BOOM/VETERAN/WCD - Attach BOOM Affidavits for incoming BOOM members.

New	BOOM	Veteran	WCD	Social Security No.	Member Name and Address	Company/Unit

Outgoing Members

Enter Month/Year for columns QUITTERM/LAYOFF/DISABLED/RETIRED/DECEASED

Quit/Term	Layoff	Disabled	Retired	Deceased	Social Security No.	Member Name and Address