

LIUNA Midwest Region Veterans

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Laborers' Local: _____

Initiation Date: _____

Member Number: _____

Branch of U.S. Military Service _____

Dates of Military Service _____

Did you serve during a foreign war? _____ If Yes, please describe the war/conflict in which you served: _____

Do you have family members who served in the U.S. Military (Yes or No, please)? _____

If yes, please list their names, relationship to you, and branch of service: _____

Additional
Comments _____

Thank you.

Please return this form to:

LIUNA Midwest Region
C/O Melissa Hendricker
1 N. Old State Capitol Plaza
Suite 525
Springfield, IL 62701