

Utility Workers Union of America

Local 424 AFL-CIO

Member Update Form

Name: _____

Address: _____

Town: _____ State: _____ Zip _____

Start date: _____ Phone:H _____

Company cell: _____ Personal cell: _____

Pers E-mail: _____ Co. E-mail _____

Job Title: _____ Dept: _____

Location: _____ Birthday _____

Shirt size: _____ Hat size: _____