



TWU LOCAL 567 Veteran's Registration Form

Date _____

Name _____ Employee # _____

Spouse's Name _____

Address _____ City _____

State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Pager _____

Shop _____ Ext. _____ Shift _____ Column # _____

E-mail Address _____

Branch of Service _____

Status ; Active Reserve _____ Inactive Reserve _____ Discharged _____ Retired Military _____

Would you like to receive information regarding veteran's rights, benefits, etc.? _____

(Circle one)

Mail

E-mail

In Person

Comments:

