

USW LOCAL 348
Member Union Card Order Form



MEMBER INFORMATION

Employer		Facility		Department	
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		

Date: _____

Signature: _____

Please submit your completed form via:

Mail: 319 Orchard St., Kansas City, KS 66101

Or

Fax: 913-321-1947