

Application for Local 16-248 Welfare Fund

This fund is available to all members in good standing in Local 16-248 AFM. Previous recipients of a grant from this fund, or an employee, officer or board member on Local 16-248 are not eligible.

Name: _____

Union member number: _____

Social Security number: _____

mailing address: _____

email address: _____

Briefly describe the financial difficulty you are now facing. _____

Please list any other sources of income: _____

Please list any assets (savings accounts, property, etc.) _____

In what areas are you facing the most difficulty? (food, housing, medical, care taking, other) _____

Signature: _____

