

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address 1: \_\_\_\_\_

Work Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Product Manufactured: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Shifts: \_\_\_\_\_

To send **this form** by postal mail or to contact IAM District 10 by mail please write to:

**Main Office**  
IAM District 10  
1650 South 38th Street  
Milwaukee, WI 53215

**FAX**  
414-643-4715  
**To contact District 10 call**  
414-643-4334