Date Approved: _____ **Member No.:** _____

UNITED WE MATTER, Inc.

Maryland

Membership Application

Circle one: **SINGLE MEMBERSHIP - $20.00** **FAMILY MEMBERSHIP - $30.00**

PLEASE PRINT

Name: _____ _____

Last Name First Name

Address: _____ _____

City/State Zip _____

Phone/Email: _____

State Department or Agency _____

Division/Area/Section: _____

Location/Job Title: _____

FOR FAMILY MEMBERSHIP (Please Print)

Spouse/Dependent: _____

Last Name First Name

VERIFICATION

What year did you begin service with the State of Maryland? _____ What year did you retire? _____

If Retired how many years of service?_____ **If not retired** give years of current service _____

Are you or have you been affiliated with a union? **Circle One** YES NO. If Yes, the name and chapter _____

_____ _____

Date Signature

Please mail application with dues to **United WE MATTER, Inc.**, **P.O. Box 42401, Towson, MD 21284**. PLEASE USE BLUE OR BLACK INK.

United WE MATTER, Inc.