



## Membership Submission Form Labor Community Foundation

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

Mailing Address:

\_\_\_\_\_  
*Street City State Zip Code*

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By signing the form below, I agree to joining the *Labor Community Foundation* as an active member. I understand that as a member, I have the opportunity to attend, partake in, and contribute to the successful outcome of *Labor Community Foundation* activities that further the initiatives set forth by the Board of Governors for the *Labor Community Foundation*. As a member, I will be eligible to access certain programs or benefits that are determined from time to time by the Board of Governors.

I understand that to join the *Labor Community Foundation* and remain a member in good standing of the Foundation I will be required to pay the annual membership fee of \$5.00.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Submit Completed Forms To: [info@laborfoundation.org](mailto:info@laborfoundation.org)