



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

I am currently a member of Labor Credit Union.

I consent to being contacted by any means (mail, email, phone, text) for which I have provided information above.

I consent to having my contact information, as provided above, shared with Labor Credit Union.

Submit Completed Forms To: info@laborfoundation.org