

**Application for Associate Status
Spouse/Surviving Spouse**

I hereby make application for Associate Status in one of the following International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) organizations:

UAW Local Retiree Chapter

_____ | _____
Local Union No.

Name of Company

UAW Retiree Council

Name of Council

Name of Surviving Spouse/Spouse

Local Union No.

Region

Address

City

State

Zip Code

Social Security No. of Retired/Deceased Worker

Social Security No. of Surviving Spouse/Spouse

Signature of Surviving Spouse/Spouse

Approved by Membership: Yes _____ No _____

Date Approved: _____

Form No.: RW1000

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