

 United Food and Commercial Workers International Union (UFCW) 									
Membership Application									
First Name	M.I.	Last Name	Suffix	Date of Birth / /	Gender	Soc. Sec. Number			
Mailing Address—NO PO BOX		City		State	Zip	Apt/Suite			
Cell Phone (Area Code Required)		Home Phone		Email					
Employer Name		Store/Plant # or ID		Job Title		Department		Hire Date / /	
Language Preference ☐ English ☐ Spanish Other:				☐ Full-Time ☐ Part-Time					
I am applying for UFCW membership and I authorize UFCW to represent me on the job. By providing a cell number, I agree that my UFCW Local Union and International Union can send me auto-dialed calls and texts and other communications. I reserve the right to opt out. Carrier data and message rates may apply.		Applicant Signature X				Date / /			
		Local Union President's Signature				OFFICE USE ONLY Member ID#			

Please mail application to:
 UFCW Local 496
 2901 Ridgelake Dr., Ste 202
 Metairie, LA 70002