

SOAR Application Form

Name _____

Street Address _____

City _____

State _____ Zip _____

Home Phone _____

Social Security Number _____

Former Local Union Number 903

USWA District Number 7

Chapter Number 7-PC-2

Do you receive *Steelabor*? Yes No

SOAR Dues:

Retirees — \$12.00 per year

Spouse — \$3.00 per year

Name of Spouse _____

Amount Enclosed _____

Please return this application with payment to:

SOAR
United Steelworkers
of America
Five Gateway Center
Pittsburgh, PA 15222

