

## LIUNA Midwest Region Veterans

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Laborers' Local: \_\_\_\_\_

Initiation Date: \_\_\_\_\_

Member Number: \_\_\_\_\_

Branch of U.S. Military Service \_\_\_\_\_

Dates of Military Service \_\_\_\_\_

Did you serve during a foreign war? \_\_\_\_\_ If Yes, please describe the war/conflict in which you served: \_\_\_\_\_

\_\_\_\_\_

Do you have family members who served in the U.S. Military (Yes or No, please)? \_\_\_\_\_

If yes, please list their names, relationship to you, and branch of service: \_\_\_\_\_

\_\_\_\_\_

Additional  
Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you.

Please return this form to:

LIUNA Midwest Region  
C/O Melissa Hendricker  
1 N. Old State Capitol Plaza  
Suite 525  
Springfield, IL 62701