

SOAR Application Form

Name _____

Street Address _____

City _____

State _____ Zip _____

Home Phone _____

Former Local Union Number _____
(if known)

USW District Number _____
(if known)

Chapter Number _____
(if known)

Do you receive **USW@Work**? Yes No

SOAR Dues

Retirees — \$12.00 per year

Spouse/Surviving Spouse — \$3.00 per year

Name of Spouse _____

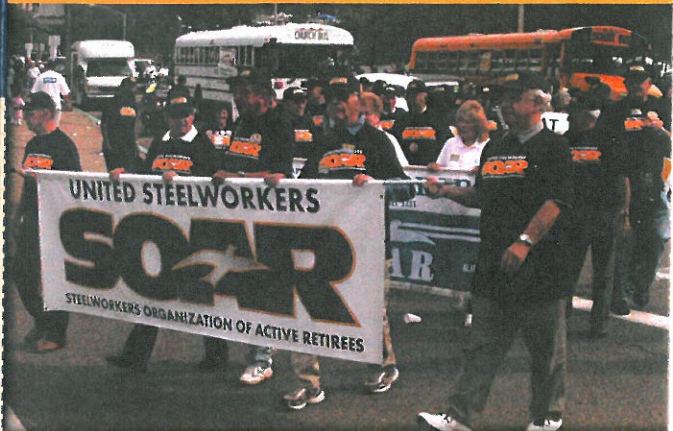
Amount Enclosed _____

Please return this application with payment to:

SOAR
United Steelworkers
Five Gateway Center
Pittsburgh, PA 15222



FORM #SRP013



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Informed**

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Involved**

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Active**

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Today**

