



2019 MARCH FLOODING Affected Member Information

International		Local	
Personal Information			
Name			
Address			
City		State	Zip
Contact Phone Number		Cell Phone Number	
Email Address		Family Size	
Description of Loss			
Date of loss			
Describe loss			
Does member rent or own the home? <input type="radio"/> Rent <input type="radio"/> Own			
Was member insured for loss? <input type="radio"/> Yes <input type="radio"/> No			
Needs			
Description			
Importance <input type="radio"/> Essential <input type="radio"/> Important <input type="radio"/> Desirable			
Other			
Please include any additional information that was given			
Completed by Union Officer		Date	
Printed name		Union Officer's Title	