

Seafarers Disaster Aid Fund

Application for Assistance

Name _____

Social Security No. _____

Book No. (if you are an SIU member) _____

Are you a member, pensioner or employee of the SIU, UIW or SEATU, or an immediate family member? (*please check appropriate box*) If yes, which union? _____

Permanent Address (*please attach a copy of a photo ID with this address*) _____

Are you currently at this address? YES NO

Current Mailing Address (*if different from permanent address*) _____

Phone No. _____ Cell Phone No. _____

Including yourself, how many family members reside with you? _____

Ages of children _____

Are you currently employed? YES NO If so, where? _____

Is your spouse currently employed? YES NO If so, where? _____

Describe your situation and the reasons for requesting financial aid: _____

Signature _____ Date _____

If you have any questions, please call (301) 899-0675, ext. 4406

Once you have completed this application form, please mail it to:

Tom Orzechowski, Secretary-Treasurer, SIU, 5201 Capital Gateway Dr, Camp Springs, MD 20746.

