

In Memoriam



Please complete the information below on any CLUW Sister or Brother whom you know to have passed since our last convention.

While they are gone, they shall not be forgotten.

Deceased's Last Name

Deceased's First Name

Address

City, State, Zip

International Union

Position in Union (note if it was local, district, international, etc.)

Additional Comments: _____

Submitted by: _____

Cell Phone Number and/or email address _____

Return this form to the CLUW National Office by mail or fax:

In Memoriam

Coalition of Labor Union Women

815 16th Street, NW, 2nd Floor South

Washington, DC 20006

Fax: 202/508-6968

***DEADLINE FOR SUBMISSION:
October 27, 2015***

