

In Memoriam

Please complete the information below about any CLUW Sister or Brother who has 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, fax or email:
In Memoriam
Coalition of Labor Union Women
815 16th Street, NW, 2nd Floor South
Washington, DC 20006

Fax: 202/508-6968

Email: CLUW@cluw.org - include In Memoriam on subject line

***DEADLINE FOR SUBMISSION:
August 18, 2017***

