



## 2019 MARCH FLOODING Affected Member Information

<b>International</b>		<b>Local</b>	
<b>Personal Information</b>			
Name			
Address			
City	State	Zip	
Contact Phone Number		Cell Phone Number	
Email Address		Family Size	
<b>Description of Loss</b>			
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			
<b>Needs</b>			
Description			
Importance <input type="radio"/> Essential <input type="radio"/> Important <input type="radio"/> Desirable			
<b>Other</b>			
Please include any additional information that was given			
Completed by Union Officer		Date	
Printed name	Union Officer's Title		