



SEIU DISTRICT 1199

THE HEALTHCARE & SOCIAL SERVICE UNION

MEMBER ORGANIZER APPLICATION

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CELL PHONE: HOME PHONE:

EMAIL:

CHAPTER:

Do you have a valid drivers license? <input type="radio"/> YES <input type="radio"/> NO	I am interested in:	
Do you have a reliable vehicle? <input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Organizing	<input type="checkbox"/> Politics <input type="checkbox"/> Both
I prefer the following region:	<input type="checkbox"/> Cleveland/Lorain	<input type="checkbox"/> Toledo <input type="checkbox"/> Columbus
	<input type="checkbox"/> WV/KY	<input type="checkbox"/> Dayton <input type="checkbox"/> Youngstown
	<input type="checkbox"/> Akron/Canton	<input type="checkbox"/> Springfield <input type="checkbox"/> Cincinnati

I have previous organizing experience (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> On a presidential election or other politics | <input type="checkbox"/> In my community |
| <input type="checkbox"/> As a member organizer | <input type="checkbox"/> New Organizing |
| <input type="checkbox"/> On the Bargaining Committee | <input type="checkbox"/> Other |

Comments:

Save

Print

Clear Form

**Submit to Sara Frank: via email mo@seiu1199.org, via fax 614-461-1549
or via USPS 1395 Dublin Rd. Columbus, Oh 43215**