

Union Veterans Leadership Council Form



Please Print Clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Branch of Service: _____

Years of Service: _____

Conflict: _____

District: _____ Local: _____

When complete, please mail this form to: If you have any questions, reach out to:

UMWA – Lucernemines Office
51 Eleventh Street, P.O. Box 200
Lucernemines, PA 15754

Ron Bowersox: rbowersox@umwa.org
724-747-0203