



**United Food & Commercial Workers Union Minority Coalition**

Max Bruny  
President

Levi Eddins III  
Secretary - Treasurer

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www.ufcwmc.org

## Information Update/Change Form

LAST NAME	FIRST NAME		M.I.	SEX	DATE OF BIRTH		
					Month	Day	Year

  

ADDRESS			

  

CITY	STATE	ZIP CODE	EMAIL ADDRESS

  

EMPLOYER	POSITION	HOME PHONE	CELL PHONE

I hereby authorize the UFCW Minority Coalition to make the above changes/updates to my membership record. I affirm that the above changes are true and correct. I understand that my requested changes will be made effective immediately.

**Member's Signature**

**Date**

**DO NOT WRITE IN THIS SPACE – FOR COALITION USE ONLY**

Date Received

Date Processed