

**Application for Associate Status  
Spouse/Surviving Spouse**

*I hereby make application for Associate Status in one of the following International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) organizations:*

*UAW Local Retiree Chapter*

\_\_\_\_\_ | \_\_\_\_\_  
Local Union No.      Name of Company

*UAW Retiree Council*

\_\_\_\_\_  
Name of Council

\_\_\_\_\_  
Name of Surviving Spouse/Spouse

\_\_\_\_\_  
Local Union No.

\_\_\_\_\_  
Region

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Social Security No. of Retired/Deceased Worker

\_\_\_\_\_  
Social Security No. of Surviving Spouse/Spouse

\_\_\_\_\_  
Signature of Surviving Spouse/Spouse

Approved by Membership: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Approved: \_\_\_\_\_

Form No.: RW1000

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