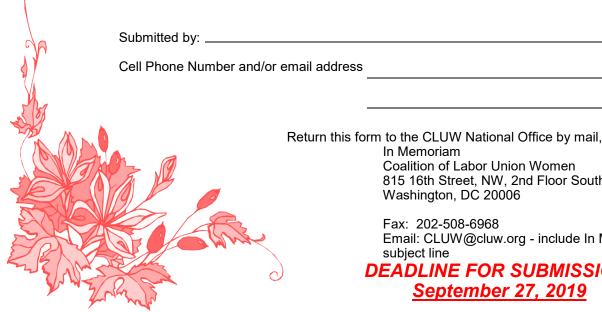
In Memoriam

Please complete the information below about any CLUW Sister or Brother who has passed since our last convention.



Deceased's Last Name	Deceased's First Name	
Address		
City, State, Zip		
International Union	Position in Union (note if it was local, district, international, etc.)	
Desition in CLUM/note if it was	chapter atota or national)	
Position in CLUW (note if it was	chapter, state or national)	
Additional Comments:		
Additional Comments.		



Return this form to the CLUW National Office by mail, fax or email:

In Memoriam Coalition of Labor Union Women 815 16th Street, NW, 2nd Floor South Washington, DC 20006

Fax: 202-508-6968

Email: CLUW@cluw.org - include In Memoriam on

subject line

DEADLINE FOR SUBMISSION: September 27, 2019