



Name of Member Nominating: \_\_\_\_\_

Local # \_\_\_\_\_ Card #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Member being nominated: \_\_\_\_\_

Local # \_\_\_\_\_ Card #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for needing help:

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How many days will you be attending the Reunion: \_\_\_\_\_

Do you have transportation: \_\_\_\_\_

Do you need/have a caregiver: \_\_\_\_\_

What are your needs for the reunion?

- Airfare
- Gas for vehicle
- Golf Cart
- Hotel or Accommodations

Any needs (medical or other) in addition:

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**Deadline: April 1<sup>st</sup>**

**Please email form to [1891fund@gmail.com](mailto:1891fund@gmail.com) for consideration.**

**Any questions contact Pat McDermott: (773) 807-2584**