



International Brotherhood of Teamsters Veteran Registration

Name: _____ Phone: _____

Address: _____ Cell: _____

_____ E-mail: _____
City State Zip

Are you a veteran? Yes / No What dates did you serve? _____

In which branch of the military did you serve? (Circle one)

Army Marines Navy Coast Guard Air Force

How long have you been a Teamster? _____

What Joint Council are you affiliated with? _____ What is your local? _____

Who is your current employer? _____

Are you currently receiving benefits for service-related disabilities? Yes / No

Do you require assistance to pursue or file a disability claim? Yes / No

Do you want to receive updates on disability benefits or presumptive disease issues? Yes / No

Claims and disability filings will be done through certified claims representatives. All information regarding your filing(s) is confidential between you and a certified claims representative.

Thank you for your service to our country. We hope the resources available are beneficial to you and your family.

Please return your completed form via mail or fax to: Teamsters Building and Construction Trades Division, 25 Louisiana Avenue, NW, Washington, D.C. 20001, or fax (202) 624-8107.