

VETERAN REGISTRATION
International Brotherhood of Teamsters
(Please Print)

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

_____ City State Zip Code

E-mail: _____

What dates did you serve? _____

What branch of the military did you serve in? (Circle your selection)

Army Marine Navy Coast Guard Air Force

Are you currently a Teamster? _____ What is your Local? _____

Who are you currently employed by? _____

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 wish to receive regular updates on issues pertaining to disability benefits or presumptive diseases? Yes / No

Please return your completed form to:

Veterans Department
Joint Council 42
818 Oak Park Road, Suite 250
Covina, CA 91724