



## 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.