United Brotherhood of Carpenters and Joiners of America



Eastern Atlantic States Regional Council of Carpenters

INSTRUCTIONS

Please fill out all applicable fields.

Additional Comments:

Please submit your application in one of the following ways:

- Drop off application and supporting documentation in person at any Local or Regional office location
- Mail application and supporting documentation to Headquarters office

EAS Regional Council of Carpenters
Member Assistance Program
91 Fieldcrest Ave, Suite A18
Edison, NJ 08837

• Email application and supporting documentation to MAP@eascarpenters.org

UBC#:	Full Name:		_ Date:
LU#:	Preferred Phone #:	Email:	
PLEASE CHECK ONL	LY ONE BOX		
Which type of assistance are you applying for?	Out of Work Dues	Disability/Injury Dues	Hardship/ Disaster
No Disability/Injudocumentation.	ıry or Hardship/Disaster	payments will be authoriz	zed without proper
•	• • • • • • • • • • • • • • • • • • • •	ting documentation, i.e. workensurance claims, photos, etc.	ers compensation or