

**LABOR UNITED FOR UNIVERSAL HEALTHCARE  
INDIVIDUAL MEMBERSHIP FORM**



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am a member of the following union, local, or allied labor organization:

\_\_\_\_\_

I would like to become a member OR

I would like to donate and not receive email updates or action alerts

Signature \_\_\_\_\_ Date \_\_\_\_\_

Checks for individual memberships may be made out to “Labor4Health” and mailed with this form to Labor United for Universal Healthcare, 2130 James M. Wood Boulevard, Los Angeles, CA 90006.

To pay online with a credit card, please visit [www.laborforhealthcare.org/about/join](http://www.laborforhealthcare.org/about/join)

For more information, contact 213.252.1351 or [info@laborforhealthcare.org](mailto:info@laborforhealthcare.org)