Local 1101 has established a Member Assistance Fund to support Local 1101 members with significant personal hardships, including but not limited to major medical conditions. See the Local 1101 Donation Policy for more information.

To request financial assistance, send this form by email to any member of the Local 1101 social welfare committee. Our email addresses can be found on the meeting agenda and meeting minutes. This form is not required to request that we send a card to a member (without financial assistance); an email to a member of the Local 1101 social welfare committee will be sufficient.

**Member Assistance Request Form:**

Recipient name: Click or tap here to enter text.

Recipient email address: Click or tap here to enter text.

Recipient street address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

ZIP: Click or tap here to enter text.

Requested amount (maximum $100): Click or tap here to enter text.

Reason for applying: Click or tap here to enter text.

Check here to receive information about additional resources from the Social Welfare Committee (examples: information about community resources, help asking for donations or volunteers, or help setting up a GoFundMe or other crowdsourcing page).

Please keep this information confidential, if possible.

I’d like to share information about my circumstances with members.

If not requested by recipient:

Requester name: Click or tap here to enter text.

Requester email address: Click or tap here to enter text.

I have notified the recipient of my intention to submit this request.