



# DISTRICT COUNCIL 37 EDUCATION DEPARTMENT

125 Barclay Street, New York, NY 10007-2179 Tel: (212) 815-1700 Fax: (212) 815-1604  
WEBSITE: [www.dc37.net](http://www.dc37.net)

## Shop Steward Application

Social Security #  
(ID #) \_\_\_\_\_

\*Your ID# is located on your prescription  
drug card and your DC 37 membership card.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

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

Work Phone \_(\_\_\_\_)\_\_\_\_\_ Home Phone \_(\_\_\_\_)\_\_\_\_\_

Personal E-mail \_\_\_\_\_ Cell phone # \_\_\_\_\_

Job Title \_\_\_\_\_ Agency \_\_\_\_\_

Local # \_\_\_\_\_ Work Location: \_\_\_\_\_

I am a Shop Steward since \_\_\_\_\_

I am not a Shop Steward but would like to take the training.

Is this the first time you have taken Shop Steward Training with the DC 37 Education Department?

Yes \_\_\_ No \_\_\_ If no, when did you take classes? \_\_\_\_\_

Did you receive a certificate? Yes \_\_\_ No \_\_\_

If no, why not: \_\_\_\_\_

Please return this application to:  
DC 37 Education Fund  
125 Barclay Street, Rm. 814  
New York, NY 10007

Only members who have submitted an application will be admitted to class.