



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

General 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 # (____) _____ Home # (____) _____

Cell # (____) _____ Personal Email _____

Local # _____ Job Title _____

Agency _____ Work Location: _____

☐ I am a Shop Steward since _____

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

Would you prefer a Saturday class? Yes ___ No ___

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

Yes ___ No ___ If no, when did you take classes? _____

If yes, did you receive a certificate? Yes ___ No ___

Please return this application by the fax # listed above or mail to:

DC-37 Education Department

125 Barclay Street, Room 814

New York, New York 10007

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