

PLEASE FILL OUT AND RETURN REGISTRATION FORM TO:

Clare Brook Vice-President IPWU, P.O. Box 12, Waukegan, IL 60079

ILLINOIS POSTAL WORKERS UNION

LOCAL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL _____

PHONE _____

=====

NAME

SHIRT SIZE

1. _____ **M L XL 2X 3X**

2. _____ **M L XL 2X 3X**

3. _____ **M L XL 2X 3X**

4. _____ **M L XL 2X 3X**

5. _____ **M L XL 2X 3X**

6. _____ **M L XL 2X 3X**

7. _____ **M L XL 2X 3X**

8. _____ **M L XL 2X 3X**

9. _____ **M L XL 2X 3X**

10. _____ **M L XL 2X 3X**