

2025 DISASTER RELIEF MEMBER ACKNOWLEDGMENT

The member identified below acknowledges by his/her signature that he/she meets the necessary criteria required for BMWED Disaster Relief as defined in the BMWED Disaster Relief Policy.

Member's Name

Address

Social Security Number

Lodge & System

Signature

Date

Please attach to this form a copy of documentation that verifies your personal home address (e.g., driver's license, utility statement, etc.), as well as any supporting documents (e.g., pictures, government agency report, insurance claim report, etc.) for claimed property damage/loss of housing or job loss (e.g., abolishment notice). Please submit your completed form and documentation to disasterrelief@bmwe.org.