

2024 DISASTER RELIEF MEMBER ACKNOWLEDGMENT (\$2,000)

The member identified below acknowledges by his/her signature that he/she has lost immediate housing at their primary residence (are not able to stay overnight in their homes and have to pay for lodging) and their jobs for more than 3 days because of the disaster.

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.