

First Name:	ARE YOU AN ACTIVE USW RETIREE OR MEMBER OF AN Active soar chapter?
Last Name:	HAS SOAR MADE A DIFFERENCE IN YOUR LIFE OR YOUR
Email:	
Phone Number:	HOW ARE YOU OR YOUR CHAPTER PROMOTING SOAR?
Address:	TELL US YOUR SOAR STORY
City, State, Zip:	Just fill out this form and tell us why SOAR matters to you in a paragraph or two in the area provided. If you have a photo to illustrate your story, please submit it along with this form.
SOAR Chapter:	By mail: SOAR, 60 Blvd of the Allies, Pittsburgh, PA 15222 or
	Online: https://www.usw.org/act/activism/soar/why-soar-matters


