Harvard Trade Union Program (Please print or type)

NAME: (in full)			Nickname:			
First		Last				
DATE OF BIRTH: _	G	ENDEREmail Ad	dress:			
HOME ADDRESS: _						
(street)				(city or town)		
((state) (zip code)	(country)	(home phone)		(cell phone)	
UNION AFFILIATI	ON:					
PRESENT UNION 1	POSITION:	listed on business card	_HOW LONG?			
OFFICE ADDRESS:						
OTTICE ADDRESS.	(street)					
	(city or town)	(state)	(zip code)	(country)		
	(phone)	(fax)		(e-mail)		
WHO WILL BE PAY	ANG YOUR TUITION &	EXPENSES? (Sponsor):_				
SPONSOR'S CONTACT:		TTTLE		PHONE		
SPONSOR'S ADDRI	ESS:					
	(street)					
	(city or town)	(state) (zip code)	email		
PAST UNION AFFI	LIATION(S)/POSITION((S) (Use separate sheet if no	ecessary):			
(union)		(from-to)	(position/s)			
(union)		(from-to)	(position/s)			
(union)		(from-to)	(position/s)			
EDUCATIONAL EX	XPERIENCE (Please list al	l schools attended and use	a separate sheet if neces	essary):		
(school)	(location)	(dates)	(degree)			
(1 P	a					
(school)	(location)	(dates)		(degree	e)	
(school)	(location)	(dates)		(degree)		

signature	date		
SOME SINGLE ACCOMMODATIONS MAY BE AVAILABLE ON COST TO YOU OR TO YOUR ORGANIZATIONS OR UNIONS. accommodations.			
WOULD YOU PREFER A NON-SMOKING APARTMENT MATE?	NO YES NO (circle one) PREFERENCE		
DO YOU SMOKE? YES NO	(circle one)		
PLEASE INDICATE HOW YOU HEARD ABOUT THE HARVAR	D TRADE UNION PROGRAM:		
WHAT TOPICS WOULD YOU LIKE TO SEE COVERED IN THE	PROGRAM? (Please list in order of importance)		
1. Please describe how the Harvard University Trade Union leader. Your goals for your union or the labor movemen	Program can be most helpful to your development as a union t are of particular interest.		
PLEASE ANSWER THE FOLLOWING QUESTION ON A SEPAR RIGHT HAND CORNER OF EACH PAGE AND RETURN IT WI			
OTHER PERSONAL INTERESTS:			
PLEASE INDICATE COMMUNITY ACTIVITIES AND/OR OTHI (Use separate sheet if necessary)	ER ORGANIZATION AFFILIATIONS:		
PLEASE INDICATE ANY OTHER EXPERIENCE THAT YOU TE	IINK MAY BE RELEVANT:		
DI PACE DIDICATE AND OTHER EXPERIENCE WILL TO STORY	HALL MANDE DELEVIANTE		

Please return this completed application form and your answer to Question 1 to:

Labor and Worklife Program at Harvard Law School Harvard Trade Union Program 8 Mt. Auburn Street, 1st Floor Cambridge, MA 02138 Phone: 617-495-9265

Fax: 617-496-7359