## **United Brotherhood of Carpenters and Joiners of America**



## Eastern Atlantic States Regional Council of Carpenters

## **INSTRUCTIONS**

Please submit your application in one of the following ways:

• Mail application and supporting documentation to Headquarters office

EAS Regional Council of Carpenters Member Assistance Program 91 Fieldcrest Ave, Suite A18 Edison, NJ 08837

Email application and supporting documentation to MAP@eascarpenters.org

Please fill out all applicable fields.

UBC#:	Full Name:	Date:
LU#:	Preferred Phone #:	Email:
PLEASE CHECK ONLY ONE BOX		
Which type of assistance are you applying for?		
Covid-1 assistar If you are applying Last Employmen	Dues  Dues  Dues  Dues  properties of the control o	Hardship/ Disaster Povide the following information:
Job Location:		
Name of Last Employer:		

If you are applying under original MAP categories, please note the following instructions:

- No Disability/Injury or Hardship/Disaster payments will be authorized without proper documentation.
- Please provide an itemized list of supporting documentation, i.e. workers compensation or disability award with dates, doctor's notes, insurance claims, photos, etc.

**Additional Comments:**