

2023 DISASTER RELIEF  
MEMBER  
ACKNOWLEDGMENT

The member identified below acknowledges by his/her signature that he/she has lost immediate housing at their primary residence and lost their job, as a result of recent disaster damage.

\_\_\_\_\_  
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](mailto:disasterrelief@bmwe.org).