

## JOIN THE BROTHERHOOD!



## THE WIREMAN'S BROTHERHOOD FUND (WBF) HAS BEEN HELPING SICK AND INJURED MEMBERS FOR OVER 60 YEARS!

- WBF grant pays \$100.00 a week (plus \$25.00 if married and \$25.00 per dependent)
- WBF grant pays up to eight weeks
- WBF grant will pay if injured at work or home
- WBF pays a \$500 death benefit to the beneficiary of members who have been in good standing for at least 5 continuous years
- WBF dues are only \$25.00 per year!



## ALL DUES AND DONATIONS ARE TAX DEDUCTIBLE

To join, please mail a \$25.00 check payable to Wireman's Brotherhood Fund along with membership application to the address below

Please mail to: Wireman's Brotherhood Fund

5660 Logan St

Denver, CO 80216

All claims are subject to a 60-day probationary period, from date of acceptance into the Wireman's Brotherhood Fund, Inc.

All claims have a one week wait period.

Travelers are covered only while working in Local 68's jurisdiction and remain in good standing with Local 68.

To file a claim: email wbflu68@gmail.com or call/ text 970-518-0671 Must be filed within 30 days of injury / illness.

(Please retain top portion for your records)

Rev. 6/2025



## Application for Membership into the Wireman's Brotherhood Fund, Inc.

Our policy is to make gifts or grants, free and clear of any obligation on the part of the recipient in case of sickness or injury (on or off the job), whether working or not and regardless of financial circumstances.

| PLEASE PRINT CL          | EARLY                              | Date of application:                                  |  |
|--------------------------|------------------------------------|---|--|
| Name:                    |                                    |   |  |
| Mailing Address <u>:</u> |                                    |   |  |
| City:                    | State:Zip:                         | Telephone:  |  |
| Email:                   |                                    |   |  |
| Married:                 | No. of Children:                   | Agesof Children:                                      |  |
| (Children                | are considered to be under the age | of 18 and special needs children under the age of 25) |  |
| Beneficiary Name: _      | Address:                           | Phone:  |  |
| Signature:               |                                    | LocalUnion Number:                                    |  |
|                          | Dues are \$25.00 per year          | and must accompany this application                   |  |