

APPLICATION FORM

CUBA DELEGATION FROM APRIL 27 TO MAY 4, 2020

Name: _____

Address: _____

Phone number: _____

Email: _____

Local: _____

Male: ☐ Female: ☐ Other: ☐

I am a member of an equity-seeking group:

Yes: ☐ No: ☐

I currently have a valid passport: Yes: ☐ No: ☐

Name as per passport: _____

Birth date: _____

Passport number: _____

Expiration date: _____

Issued by country: _____

Please describe your international solidarity experience and activities related to Cuba:

Please describe your recent activity with CUPW, including any position (shop steward, local executive member, etc.) you have held:
