



COALITION OF CALIFORNIA STATE WORKERS

(CCSW, A Bona Fide Nonprofit Mutual Benefit Corporation)

400 East Kettleman Lane, Suite 15, Lodi, CA 95240

Phone: 209-369-2736

Visit our website: www.theccsw.net

APPLICATION FOR \$2,000 MEMBER DEATH BENEFIT

NAME OF BENEFACTOR _____
(As Indicated on Membership Application)

ADDRESS _____

PHONE NUMBER _____ S.S. # _____

NAME OF DECEASED MEMBER _____

DOB _____ DATE OF DEATH _____ S.S.# _____

Please provide photocopy of certified Death Certificate.

X _____
Signature of Benefactor Date of Signature

APPROVED BY CCSW:

X _____
Signature of President
LISA E. LAPORTA

X _____
Signature of Vice President
JOHN M. CHAVEZ