

LOCAL 399 FACE MASK ORDER:

Please note: You will pick up your order from your local area Union Office.

You will be contacted by someone from Local 399 for your credit card payment information or you may pay at the time you pick up your order.

Number of Masks ordered:	X \$6.00 ea.	= \$	
Member Name:			
Member Address:			
City:	State:	Zip:	
Member PERSONAL E-Mail Address:			
Member Phone Number: ()			
Please fill out this form and ema OR you can print and fax this			