

MEMBER PERSONAL INFORMATION

Last Name	First Name	Initial	Email address
Home Address: Number & Street		City	State Zip
Social Security Number		Telephone & Cell Numbers	Marriage Date
		() _____ () _____	/ /
Date of Birth		Male <input type="checkbox"/>	Single <input type="checkbox"/>
		Female <input type="checkbox"/>	Widowed <input type="checkbox"/>
		Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
Person to notify in case of Emergency		Relationship	Emergency Number
			() —
Date		Signature (DO NOT PRINT)	

BE SURE TO FILL IN BACK OF CARD LISTING NAME (S) OF SPOUSE AND CHILDREN

ROOFERS LOCAL #195 HEALTH, ACCIDENT AND PENSION FUND, 7706 Maltlage Drive, Liverpool, NY 13090

LIST NAMES OF WIFE AND ALL CHILDREN UNDER 26 YEARS OLD

Name(s) - Oldest First (Last Name if	Social Security Number			Check (x) Relationship			Date of Birth		
				Spouse	Son	Dhgr.	Mo.	Day	Year

HAVE YOU SIGNED THE FRONT OF THIS CARD?

