MEMBER PERSONAL INFORMATION

Last Name	First Name	Initial	Please Print All Information
Home Address: Number & Street	City	State	Zip
Social Security Number	Telephone Number	Marriage Date	
	( ) —	/ /	
Date of Birth	Male ☐ Female ☐	Single ☐ Married ☐	Widowed ☐ Divorced ☐
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, 6200 ST. RT. 31 CICERO, NY 13039

LIST NAMES OF WIFE AND UNMARRIED CHILDREN UNDER 24 YEARS OLD

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

HAVE YOU SIGNED THE FRONT OF THIS CARD?