

CENSUS FORM

Social Security # _____ Gender (Circle one) _____ Date of Birth mm/dd/yyyy _____

Member's Legal Name (Last name, First name, M.I.): _____ Union Book # _____

Last First M.I.

Mailing Address: _____

City State Zip Code

Home Telephone # _____ Cell Phone # _____ Marital Status (Circle one) _____

S M D W

E-mail Address _____ Mother's Maiden Name _____
 Classification (Check one) _____ Local Union # _____ Is your spouse a Local Union member? (Circle one) _____
 Welder/Journeyman Helper _____ **N Y** Local # _____

Beneficiary Death Benefit (If this section is not completed, your beneficiary is your spouse, then your children, then your estate)
 Primary:

Name Mailing Address Relationship

Secondary: (Should the Primary be deceased.)

Name Mailing Address Relationship

LEGAL DEPENDENTS

The following members of your family are considered DEPENDENTS:
 • Your spouse
 • Your unmarried children under nineteen years of age
 • Your unmarried children from nineteen to twenty-five years of age who are in full-time attendance at an institution of higher learning and meet the Plan's dependent rules

Name of Spouse
(Enclose copy of Marriage Certificate) Social Security # _____ Date of Birth _____ Date of Marriage _____

Dependent Children
(Enclose copy of Birth Certificate) Social Security # _____ Date of Birth _____ Gender (Circle One) _____
 Child's Legal Name _____

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**THIS FORM MUST BE FILLED OUT AND RETURNED TO THE FUND OFFICE
 P.O. BOX 470950, TULSA, OKLAHOMA 74147-0950 TEL: 918-280-4800**

I certify the information on this form is true and correct. I authorize the Administrative staff to make changes to this card as requested by me in writing.

Signature of Member: _____ **Date:** _____