

# ENROLLMENT CARD (complete all sections and sign) Bricklayers and Trowel Trades International Pension Fund

Name

(Please Print)

(Last)

(First)

(Middle)

Address

(Number)

(Street)

(City)

(State)

(Zip Code)

Soc.

Sec.

No.

/

/

Birth  
Date

Mo.

Day

Yr.

Local  
Union

/

No.

State

IU

Number

Your earliest initiation or apprentice registry date:

/

Email:

Mo.

Yr.

Spouse-Full Name

Spouse Birth Date

/

/

Mo.

Day

Yr.

Name of  
Beneficiary

Soc.  
Sec.  
No.

Relationship

(Last)

(First)

Beneficiary

Address

(Street and Number)

(City)

(State)

(Zip Code)

( )

Signature of Member

Date

(Area Code)

Phone Number

(Rev. 4/02)

