

IATSE National Benefit Funds Census Card
2109 Broadway, New York, N.Y. 10023 212-580-9092

Please Print

Employee's Name _____
(Last) (First) (Middle)

Permanent Address _____
(No. and Street) (City) (State) (Zip)

Social Security No. - - Sex Date of Birth - -
(Mo) (Day) (Year)

Home Tel No. _____ Years started working in industry _____

Local Union No. _____ Year you became member of international _____

Job Classification _____ Most Recent Employer _____

Names of Dependents (Indicate Relationship)	Social Security Number	Date of Birth	Sex
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Spouse: _____

Children: _____

Other: _____

Employee's Signature _____ Date: _____