

PLEASE PRINT IN INK

**TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA AND VICINITY
CENSUS CARD**

PLEASE COMPLETE FORM IN ITS ENTIRETY

MEMBER'S INFORMATION:

Last: _____ First: _____ Initial: _____

Social Security # _____ Date of Birth: _____

Address: _____

Home Phone Number: _____ E-Mail Address: _____

Employer's Name: _____

Date Employed: _____ Local Union #: _____

Sex (circle one): Male Female Marital Status (circle one): **Married Single Divorced Separated Widowed Other

****SPOUSE'S INFORMATION****

Name: _____

Social Security # _____ Date of Birth: _____

Date of Marriage: _____

Member's Signature:		Date:	
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NOTE: Once this form is complete, you may fax it to: **1-856-382-2402 or 1-856-382-2401**
Mailing Address: **Teamsters Health & Welfare Fund of Philadelphia & Vicinity**
2500 McClellan Avenue, Suite 140 • Pennsauken, NJ 08109