SOUTHERN PAINTERS WELFARE FUND
ENROLLMENT CARD
Please Print All Answers

Employee_____
(Last Name) (First Name) (Middle Initial)

Address_____
(Street No.) (City) (State) (Zip)

Social Security Number_____

Date of Birth_____ Male _____Female_____ Single_____ Married_____

District Council_____ Home Local_____

ELIGIBLE DEPENDENTS

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER

I hereby declare that all the statements and answers to the above questions are true, and that they are the basis on which benefits are provided.

Date_____ _____
Signature of Employee (Sign Full Name)