CENSUS FORM

Social Security #

Gender (Circle One)
M F

Date of Birth

Member's Legal Name:

Marital Status (Circle one): **S M D W**

Last *First* *M.I.*

Mailing Address: _____

City *State* *Zip Code*

Home Telephone # _____ Mbr Cell # _____ Spouse Cell #_____

E-mail Address #1_____ E-mail Address #2_____

Mother's Maiden Name: _____

Classification (Check one)
☐ Welder/Journeyman ☐ Helper

Local Union # _____

Union Book #_____

Beneficiary Death Benefit (**Please complete this section as thoroughly as possible**.)
Primary:

Name / Relationship *Mailing Address* *Social Security #*

Secondary: (Should the Primary be deceased.)

Name / Relationship *Mailing Address* *Social Security #*

LEGAL DEPENDENTS

The following members of your family are considered DEPENDENTS:

- Your spouse
- Your children and step-children up to 26 years of age.
- **NOTE: More forms or documents may be required based on the type of dependent and relationship.**

Spouse

(Enclose copy of Marriage Certificate)

Spouse's Legal Name	Social Security #	Date of Birth	Date of Marriage

Dependent Children

(Enclose copy of Birth Certificate) Child's Legal Name	Social Security #	Date of Birth	Gender (Circle One)	Employer's Name and Phone #
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	

THIS FORM MUST BE FILLED OUT AND RETURNED TO THE FUND OFFICE
P.O. BOX 470950, TULSA, OKLAHOMA 74147-0950 FAX: 918-280-4899

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:** _____