



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

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PARTICIPANT INFORMATION FORM

In order to ensure our files are complete and up to date, please complete the information below and send this form back to the Trust Fund Office via mail or at the email address above.

Participant Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Telephone #: _____

E-mail Address: _____

Jesse Torneros

(PARTICIPANT SIGNATURE)

(DATE)

PLEASE RETURN WITH A COPY OF YOUR PHOTO ID