



**TEAMSTERS LOCAL UNION 331 BENEFITS
SCHOLARSHIP, TRAINING & LEGAL FUND
ENROLLMENT INFORMATION**

PART A: PARTICIPANT'S INFORMATION (Must be completed by Participant.)

1. _____
Name-Last First Middle Initial Social Security Number

2. _____
Address-Number and Street City State Zip Code

3. _____
Date of Birth Telephone Number E-mail Address

4. _____
Name of Employer Date Hired

5. Marital Status: (circle one) Single Married Divorced Separated Divorced

6. _____
Spouse's Name Date of Birth Social Security Number

PART B: DEPENDENT INFORMATION (Must be completed by Participant.)

Please indicate the name(s) of your Child(ren) – unmarried, step-child, adopted or foster child.

Name	Sex	Date of Birth	Social Security No.
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			

Member's Signature _____ Today's Date _____