



Communications Workers of America, AFL-CIO

Local 1180 Benefits Funds

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NEW MEMBER ENROLLMENT

KIT REQUEST

TO EXPEDITE THE PROCESSING OF YOUR ENROLLMENT PLEASE COMPLETE THIS FORM AND RETURN IT TO THE FUND OFFICE.

SSN: _____ / _____ / _____ Full Name: _____
Last Name First Name MI

Home Phone#: _____ Mobile Phone#: _____

Work Phone#: _____ Ext.: _____

Home Address: _____

_____ City State ZIP

Agency: _____ Job Title: _____

EMPLOYEE'S SIGNATURE _____ DATE _____