

# Michigan Carpenters' Fringe Benefit Fund

## PARTICIPANT DATA CARD

(Please Print)

- Married
- Single
- Divorced
- Widowed

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip Code

Date of Birth \_\_\_\_\_ Local No. \_\_\_\_\_ Date of Local Union Membership \_\_\_\_\_

Participant's Home Phone: \_\_\_\_\_

Health Care Fund death benefit beneficiary:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Initial

Soc. Sec. No. \_\_\_\_\_ Relationship \_\_\_\_\_

Date

Member's Signature