



IATSE LOCAL 8
EMPLOYERS ANNUITY AND VACATION FUNDS

P.O. Box 9 • COLLINGSWOOD, NJ 08108

CENSUS CARD

NAME: _____ LOCAL UNION #: _____
FIRST M.I. LAST

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

GENDER: CHECK ONE M F

ADDRESS: _____
CITY STATE ZIP + 4

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

SPOUSE'S NAME: _____ SPOUSE'S DATE OF BIRTH: _____

DATE OF MARRIAGE: _____ SPOUSE'S SOCIAL SECURITY #: _____

PHONE #: HOME _____ CELL _____

EMAIL: _____

WOULD YOU LIKE TO OPT IN TO RECEIVE EMAILS FROM THE FUND OFFICE? YES OR NO (CIRCLE ONE)

MEMBER'S SIGNATURE _____ DATE _____

PLEASE REMEMBER TO KEEP THE FUND OFFICE ADVISED OF ANY CHANGES IN MARITAL STATUS. IF YOU MOVE YOUR ADDRESS MUST BE UPDATED IN WRITING. YOU CAN FIND A CHANGE OF ADDRESS FORM ON OUR WEBSITE.