

TELECOMMUNICATION WORKERS BENEFIT PLAN APPLICATION CARD

#303-4603 Kingsway, Burnaby, B.C. V5H 4M4

MEMBER NAME: _____ **SIN:** _____
(PLEASE PRINT) (Surname)

GIVEN NAME: _____ **HOME PHONE:** _____
(IN FULL)

PREVIOUS NAME: _____
(IF APPLICABLE)

ADDRESS: _____

CITY/PROV: _____ **POSTAL CODE:** _____

DATE OF BIRTH :	MONTH	DAY	YEAR	SEX: MALE <input type="checkbox"/>	EMPLOYEE	<input type="text"/>
				FEMALE <input type="checkbox"/>	ID:	

Check one of the following:-

I, the above-named employee hereby elect to participate in the above Plan and I hereby authorize the necessary deductions from my earnings.

I have been give the opportunity to participate in the above Plan and I decline to participate. I understand that participation in the Plan at a future date will be subject to such terms and conditions as the Trustees shall apply.

DATE

MEMBER SIGNATURE

RETURN ORIGINAL TO: T.W. BENEFIT PLAN
303-4603 KINGSWAY, BURNABY, B.C. V5H 4M4

PHONE: 604-430-3300
FAX: 604-430-5395