



**GCC/IBT Local 1-L**  
**Amalgamated Lithographers of America**  
113 University Place \* New York, NY 10003  
212-460-0800 \* 212-673-5102 Fax

**MEMBER'S INFORMATION FORM**

**Social Security #** (last four digits) \_\_\_\_\_

**Name** \_\_\_\_\_ **Folio #** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *ST* \_\_\_\_\_ *Zip* \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Married**  **Single**

**Home Telephone #** \_\_\_\_\_

**Cellular #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Classification** \_\_\_\_\_  
*Ex: Pressman, Operator, General Worker, etc.*

**CURRENT EMPLOYER**

**Shop Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *ST* \_\_\_\_\_ *Zip* \_\_\_\_\_

**Date of Employment** \_\_\_\_\_  
*(if unemployed, please specify date)*

**Type of Business** \_\_\_\_\_

**Base Wages** (weekly or hourly) \_\_\_\_\_

**Shift** (please circle one)      **Days**      **Nights**      **Lobster**

**Send Change Beneficiary Form** (please circle one)      **Yes**      **No**

