

Direct Pay Questionnaire Form

RE: NAME: _____ Folio # _____
ADDRESS: _____

Dear Brother or Sister:

Please fill out all information requested below and send to the name and address listed.

**Anthony R. Caifano, Secretary-Treasurer
Amalgamated Lithographers of America, Local One
113 University Place
New York, NY 10003**

Social Security Number: _____

Name: _____ Folio #: _____

Address: _____

Home Telephone #: _____ Classification: _____

Cellular #: _____ E-mail: _____

CURRENT EMPLOYER

Name: _____

Address: _____

Telephone #: _____ Date of Employment: _____

Type of Business: _____

Member signature: _____ Date: _____