



**TEAMSTERS LOCAL UNION 331 BENEFITS  
SCHOLARSHIP, TRAINING & LEGAL FUND  
ENROLLMENT INFORMATION**

**PART A: PARTICIPANT'S INFORMATION (Must be completed by Participant.)**

1. \_\_\_\_\_  
Name-Last                                      First                                      Middle Initial                                      Social Security Number

2. \_\_\_\_\_  
Address-Number and Street                                      City                                      State                                      Zip Code

3. \_\_\_\_\_  
Date of Birth                                      Telephone Number                                      E-mail Address

4. \_\_\_\_\_  
Name of Employer                                      Date Hired

5. Marital Status: (circle one)    Single    Married    Divorced    Separated    Divorced

6. \_\_\_\_\_  
Spouse's Name                                      Date of Birth                                      Social Security Number

**PART B: DEPENDENT INFORMATION (Must be completed by Participant.)**

Please indicate the name(s) of your Child(ren) – unmarried, step-child, adopted or foster child.

Name	Sex	Date of Birth	Social Security No.
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			

Member's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_