

**UNITED TEACHERS OF SEAFORD TRUST FUND
ENROLLMENT FUND OFFICE RECORD CARD**
PLEASE PRINT – MUST BE FILLED IN WITH INK

1. **MEMBER's FULL NAME** _____
(LAST NAME) (FIRST NAME)

2. **ADDRESS** _____
NO. STREET CITY OR BOROUGH ZIP STATE

3. **HOME PHONE** _____ 4. **WORK PHONE** _____ 5. **CELL PHONE** _____

6. **E-MAIL** _____ 7. **BIRTHDATE** _____ 8. **SOC. SEC. NO.** _____

9. **CHECK ONE:** ☐ SINGLE ☐ MARRIED (WEDDING DATE _____) ☐ WIDOWED ☐ DIVORCED ☐ LEGALLY SEPARATED

10. **ADDRESS** _____
NO. STREET CITY OR BOROUGH ZIP STATE

IF YOU HAVE NO DEPENDENTS WRITE NONE

LIST BELOW NAMES OF SPOUSE & UNMARRIED DEP. CHILDREN	CHECK RELATIONSHIP		M	F	DATE OF BIRTH		
	SPOUSE	DEPENDENT			MONTH	DAY	YEAR
FULL NAME							

If you need more space to list all dependent children, continue back.

DATE _____ SIGNATURE _____
(DO NOT PRINT)

***NEW MEMBERS:** Please include copies of the following:

- ☐ Social Security Cards
- ☐ Birth Certificates
- ☐ Marriage Certificate or QDRO/Divorce documents

Complete and mail to:
Daniel H. Cook Associates
Attn: Wil Pardo
253 West 35th Street 12th Fl
New York, NY 10001