

Request for Employee Registration

Please complete the following form and return it to the Building Trades Educational Benefit Fund (FAX# (516) 441-5855) or e-mail to office@bteducationfund.org for each employee that is participating in the Building Trades Educational Benefit Fund.

Name :

Social Security Number : - -

Address : (No. & Street)

Address: (City, State, Zip Code) ,

Telephone Number : () -

Cell Phone () -

Date of Birth : / / E: Mail

Requested Start Date : / /

Employer :

Ethnic Group : ☐ Hispanic or Latino
☐ Non Hispanic or Latino

Race : ☐ White
☐ African American
☐ Native American or Alaskan Native
☐ Asian or Pacific Islander
☐ Other

Sex: ☐ Male ☐ Female

Veteran: ☐ Yes ☐ No

Classification : Choose a Classification

School Class : Choose a Classification

Signature