



# International Union of Operating Engineers LOCAL 399 CLASS REGISTRATION FORM

Date: \_\_\_\_\_ Course Name: \_\_\_\_\_ AM PM  
(Please circle if applicable)

Name: \_\_\_\_\_

Social Security Number: XXX - XX - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (last 4 digits only)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are You Currently A Local 399 Member?:  Yes  No

Who Recommended You Take Classes?: \_\_\_\_\_

Are You A Trainee?:  Yes  No

If Not, What Is Your Job Classification?: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Have You Taken Other Classes At The Union?:  Yes  No

Please List Any Other Classes Taken Outside The Union:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE FILL OUT REGISTRATION FORM COMPLETELY.  
FAX REGISTRATION FORM TO THE LOCAL 399 EDUCATION DEPT. at 312-842-1590**