



# International Union of Operating Engineers LOCAL 399 CLASS REGISTRATION FORM

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

Class Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Registration No.: \_\_\_\_\_

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  
Or, you may SCAN AND E-MAIL your registration form to: [registrations@iuoe399.com](mailto:registrations@iuoe399.com)**