

REGISTRATION SHEET

DATE _____ COURSE NAME _____

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

ARE YOU A MEMBER _____

IF NOT, WHO RECOMMENDED YOU TO TAKE THIS CLASS _____

ARE YOU A TRAINEE _____

IF NOT, WHAT IS YOUR JOB CLASSIFICATION _____

PLACE OF EMPLOYMENT _____

EMPLOYER _____

IMMEDIATE SUPERVISOR _____

HAVE YOU TAKEN OTHER CLASSES AT THE UNION _____

PLEASE LIST ANY OTHER CLASSES TAKEN OUTSIDE THE UNION BELOW

PD I.O.U. C NC T NM