

# CENSUS INFORMATION CARD

SEIU AFFILIATES' OFFICERS AND EMPLOYEES PENSION FUND  
(Please Print or Type All Information)

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1. Last Name First Name (Mr., Mrs., Ms., or Miss) Middle Initial

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2. Date Month Day Year 3. Check one 4. Social Security Number or Social  
Of Insurance Number  
Birth Male   
Female

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5. Name of Employing Organization (Local Union, Joint Council or related organization)

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6. Your Home Address 7. Current Position Held

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8. Date Employed

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9. Please enter below the details of any prior employment with an affiliate(s) of SEIU

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Year	Employing Organization	Position	Salary for Year
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(If more space is needed, continue on reverse side)

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Your Signature Date Card Signed \_\_\_\_\_  
(Use Full Name)

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For Fund Office Use

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