

Plumbers Local Union No.1 WELFARE FUND

50-02 5th Street, Long Island City, New York 11101

Tel. (718) 223-4313 / (718) 835-2700

www.ualocal1funds.org

Date Received

Date Complete WF-7/24

FOR OFFICE USE ONLY

Text Messaging / Email Authorization Form

(A) Member Information

Use a ballpoint pen to complete form

(1) Social Security Number	(2) Last	(3) First	(4) Intl
(5) Street	(6) City	(7) State	(8) Zip
(9) Date of Birth	(10) Phone Number		
(11) E-mail Address			
(12) New Authorization	(13) Changing Authorization	(14) Cancel Authorization	(15) Effective Date (MM/DD/YYYY)

(B) Complete to decline or accept use of Text Messaging and Email – please print clearly in black or blue ink only

(1) ☐ I decline and **DO NOT** want to receive text messages

(2) ☐ I accept and **DO** want to receive text messages.

Cell Phone Number

Cell Phone Provider

(Example: US Cellular, Verizon, Sprint, etc.)

(3) ☐ I decline and **DO NOT** want to receive E-mail messages.

(4) ☐ I accept and **DO** want to receive E-mail messages.

E-mail Address:

(C) Member Confirmation Statement

Please sign in blue or black ink only – *Electronic Signatures* are **NOT VALID**

By signing this form, I authorize the Plumbers Local Union No. 1 Welfare Fund (FUND) to send text messages and/or Email messages to my cell phone or Email to convey general information in regard to FUND matters, upcoming workshops, seminars and events.

I understand that standard text messaging rates will apply to any message received from the FUND. I also understand that I or the FUND may revoke this permission in writing at any time. I also agree to not hold the FUND liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number, cell provider changes or Email changes, I will inform the FUND..

(ORIGINAL SIGNATURE OF APPLICANT) – Wet Ink Signatures ONLY!

DATE

M	M	D	D	Y	Y	Y	Y

Retain a copy of this form for your records. Return the original to the Fund Office.

With possible delays by the US Postal Services, all documents should be sent by e-mail or text to info@nypl1f.org or by fax to 718-641-8155. Any questions should also be submitted by email or fax.

For questions: Please e-mail or text to info@nypl1f.org or by fax to 718-641-8155. You can also call the Fund Office Welfare Department at (718) 223-4313 or visit our web site at www.ualocal1funds.org.

CLAIM DATE