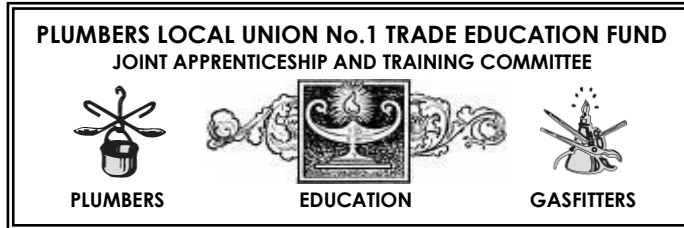


MICHAEL APUZZO
JATC Co-Chair - Labor



VINCENT ASPROMONTE
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UA PLUMBERS LOCAL 1 TRAINING CENTER
NEW YORK CITY
37-11 47th Avenue, Long Island City, N.Y. 11101

ARTHUR O. KLOCK JR.
Director of Trade Education

JOURNEYMAN REGISTRATION FORM

Please Make All Entries In PEN or MARKER Only. (No Pencil)

FULL NAME: _____

PLEASE PRINT CLEARLY

ADDRESS: _____

PHONE No. _____ CELL No. _____

Local 1 Card # _____	Initiation Date: _____	Dues Paid Up To Month _____ Year _____
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Social Security Number: _____ - _____ - _____

Your Date of Birth: Month ____ Day ____ Year ____

Emergency contact at telephone number OTHER than at your home:

Name: _____ Telephone: (____) _____

Are You Currently Employed? ___ YES ___ NO

Name of Current Employer _____

Additional Credentials

Please check any of the following valid credentials you hold:

- | | |
|---|------------------------|
| [] N.Y.F.D. <u>Torch use</u> certificate of fitness | Expiration Date: _____ |
| [] N.Y.F.D. <u>Fire guard</u> certificate of fitness | Expiration Date: _____ |
| Other _____ | Expiration Date: _____ |
| Other _____ | Expiration Date: _____ |
| Other _____ | Expiration Date: _____ |

Member

Signature: _____ Date: _____

MAIL OR FAX THIS FORM TO THE ADDRESS SHOWN ABOVE