



LOCAL 550 BAKERY DRIVERS

P.O. Box 293 • COLLINGSWOOD, NJ 08108

May 14, 2025

NAME: _____ LOCAL UNION #: _____
FIRST M.I. LAST

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

GENDER: CHECK ONE M ☐ F ☐

ADDRESS: _____
CITY STATE ZIP

MARITAL STATUS: SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐

SPOUSE'S NAME: _____ SPOUSE'S DATE OF BIRTH: _____

DATE OF MARRIAGE: _____ SPOUSE'S SOCIAL SECURITY #: _____

PHONE #: HOME _____ CELL _____

EMAIL: _____

WOULD YOU LIKE TO OPT IN TO RECEIVE EMAILS FROM THE FUND OFFICE? YES OR NO (CIRCLE ONE)

Please include copies of your birth certificate and if applicable, copies of your spouse's birth certificate and marriage certificate.

MEMBER'S SIGNATURE _____ DATE _____

PLEASE REMEMBER TO KEEP THE FUND OFFICE ADVISED OF ANY CHANGES IN MARITAL STATUS. IF YOU MOVE YOUR ADDRESS MUST BE UPDATED IN WRITING. YOU CAN FIND A CHANGE OF ADDRESS FORM ON OUR WEBSITE.

550.ASP-BENEFITS.COM

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