Member Information Form

Below is a list of members with missing Social Security number (SSN) information:
1. Fill in the missing SSN in the blank box. Please print clearly.
2. Sign and date the form below.
3. Fold and place it into the envelope we've sent with this form. Make sure the address below shows through the envelope window.

<Return address>
<P.O. Box>
<City, State ZIP>

MEMBER INFORMATION

First name	M.I.	Last name	Year of Birth (YYYY)	Social Security no.
First name	M.I.	Last name	Year of Birth (YYYY)	Social Security no.
First name	M.I.	Last name	Year of Birth (YYYY)	Social Security no.
First name	M.I.	Last name	Year of Birth (YYYY)	Social Security no.
First name	M.I.	Last name	Year of Birth (YYYY)	Social Security no.
First name	M.I.	Last name	Year of Birth (YYYY)	Social Security no.

As part of the certification required by the Internal Revenue Service (IRS), I declare that the Social Security numbers on this form are the correct taxpayer identification numbers (or I am waiting for a number to be issued).

Member signature	Date (MM/DD/YYYY)
X	