

### Member Data Information Form

Name: ( Last,Middle,First) \_\_\_\_\_

Where Employed: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Work Address: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee I.D. Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Personal Email address: \_\_\_\_\_

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Sex: (Check box) Female  Male

Race: (Check one box)

Hispanic or Latino

Black or African American

Asian

White or Caucasian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Signature: \_\_\_\_\_ Date: \_\_\_\_\_