

# CWA LOCAL 1180 SECURITY BENEFITS FUND

6 Harrison Street 3rd Floor New York, NY 10013-2898  
Tel 1-212-966-5353 Fax 1-212-219-2450 www.cwa1180.org



FORM: NMEKR

## New Member Enrollment Kit Request

**To expedite the processing of your enrollment, please complete this form and return it to the Fund office.**

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Social Security Number:

Last Name  First Name  Initial

Home Address Line 1

Home Address Line 2

City  State  Zip Code

Home Phone Number:  Mobile Phone Number:

Personal E-mail Address

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### **Employer Info:**

Agency Name

Title

Work Address Line 1

Work Address Line 2

City  State  Zip Code

Work Phone Number:  Extension Number:

Work E-mail Address

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Member's Signature  Date