

IBEW LOCAL 320  
MEMBERS INFORMATION SHEET

NAME \_\_\_\_\_

WORK LOCATION \_\_\_\_\_

JOB CLASSIFICATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE (CELL) \_\_\_\_\_

PERSONAL CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE FORM COMPLETED \_\_\_\_\_

RETURN FORM TO PRESIDENT/BUSINESS MANAGER  
OR  
IBEW LOCAL 320  
80 WASHINGTON STREET, SUITE 202  
POUGHKEEPSIE, NY 12601