



# SAMRACK WELFARE GROUP 2(B)

**/ BENEFITS / SAVINGS / LIFE**

Tel: 857-999-1606, 781-975-6145, CashApp 857-999-1606 \$SWG2,  
Bank Of America: Account No : 4660 2044 4497, Routing Code: 011000138  
Email: Samrackwg@gmail.com, Website: <http://samrackwelfaregroup.org/>

## **MEMBER REGISTRATION FORM**

Member Enrollment Number \_\_\_\_\_

The applicant's full and legal names \_\_\_\_\_

Official address \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Spouse's full names \_\_\_\_\_

Children's full names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Parent's full names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Siblings: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_

11. \_\_\_\_\_ 12. \_\_\_\_\_

Beneficiary: 1. \_\_\_\_\_ Phone No./Email \_\_\_\_\_

Date & Signature \_\_\_\_\_

Referring Member \_\_\_\_\_ Phone No./Email \_\_\_\_\_

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application is truthful and accurate. I further certify that I have had the opportunity to review and correct the information provided in this application. I understand that any misrepresentation or omission of information contained in this application may be grounds for the Board to deny the application or to suspend or revoke registration or any Benefits.

### ***Payments Benefits:***

Valid claims will be paid within 48 working hours of receipt and verification of all the necessary supporting documentation.

Members Full Names: \_\_\_\_\_

Sign \_\_\_\_\_

SWG Director \_\_\_\_\_ SWG Secretary \_\_\_\_\_

SWG Treasurer \_\_\_\_\_ SWG President \_\_\_\_\_