

PARTICIPATING EMPLOYERS* APPLICATION

such employees as in consideration of	s the employer may decide the acceptance of the Em	pplies to participate in the Fund and from time to time as members of the ployer as a participant of the fund, the Rules governing the Fund as if it wer	e Fund and e Employer
Authorised Signato	ories		
Name	Position	Signature	_
Name	Position	 Signature	_
Name	Position	Signature	_
Dated this	day of	Year	
Was hereunto Affix In the presence of.	red		
Witness			

* The Employer must attach a copy of its Certificate of Incorporation