APPLICATION

WISCONSIN LABORERS' APPRENTICESHIP & TRAINING FUND
4633 LIUNA WAY, SUITE 100, DEFOREST WI 53532
Phone Number: 1-800-275-6939
Fax: 608-846-3862

REGISTRATION/NAME

First, Middle, Last — Social Security #

Street Address — Cell Phone

City — State — Postal/Zip Code — Area Code & Phone Number

Local Union # — Membership Card Number — Entry Date — Date of Birth

Class choices subject to availability

1st Choice: _____ Date of class: _____

2nd Choice: _____ Date of class: _____

3rd Choice: _____ Date of class: _____

4th Choice: _____ Date of class: _____

Complete this application form and mail or fax it to the Training Center. The Training Center office will mail your acceptance information to your address above.

You will need to bring your **Union Card & a picture I.D (example: driver's license)** with you to class, otherwise you will not be allowed to attend class. You must be a member in good standing. Select the course(s) you prefer and write them on the course title lines above.

Where the class involves physical work by the participants, participants may not enroll in the class if they are currently unable to work as a construction laborer because of an injury, whether work-related or non-work related. Where a class does not involve physical laborer but rather classroom lectures and written materials, participants who are suffering from an injury, whether work-related or non-work-related, may enroll in the class.

I agree to notify the Training Fund Office if I return to work or for any reason I am unable to attend the class(s) that I am enrolled in. The Training Fund Office number is 800-275-6939, please keep this number on hand incase you need to cancel your class.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Received on: _____

By: _____