



IWA-FOREST INDUSTRY PENSION PLAN

and

IWA-FOREST INDUSTRY LTD PLAN

Suite 2100 - 3777 KINGSWAY
BURNABY, BC V5H 3Z7

ENROLMENT CARD

To be completed by employer for all new employees

Please Print

MEMBER INFORMATION

Name _____
Last Name First Name Initial

Street/P.O. Box _____

Town/City _____ Prov. _____

Postal Code _____ Phone _____

E-mail Address _____

Social Insurance Number

--	--	--	--	--	--	--	--	--	--

Birthdate

--	--

--	--

--	--

Day Month Year

Sex Male Female

Hire Date

--	--

--	--

--	--

Day Month Year

Occupation _____

Check One: Part Time Full Time Casual

EMPLOYER INFORMATION

Company Name _____

Division Name _____

Company # _____ Division # _____

Signature of Employer _____

Date Signed _____ Phone # _____