



International Training Institute Unified Sheet Metal Apprentices Contest

CONTEST BENEFICIARY CARD

Name of contestant _____

Address _____
(city) (state) (zip)

First Beneficiary _____ Relationship _____

Second Beneficiary _____ Relationship _____

Signature of Contestant _____

Date _____ Social Security No. _____

Witnessed by _____

Local Union # _____ City of JATC _____