

Local Board

EMPLOYEES BENEFIT BOARD NOTIFICATION

No. _____

On _____, the following employer started work
 (DATE)
 and should be furnished with Report Forms for making payments to the NEBF.

Employer**Federal
Registration Number****Home Office
Local Union Number**

Home Office address:

Street _____ City _____ State _____

Address within this Wage Area:

Street _____ City _____ State _____

_____ DATED By _____ BUSINESS MANAGER _____ IBEW LOCAL UNION NO. _____