

## Regular Member Application

Fund Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Additional Contact: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City / State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Contact 1 \_\_\_\_\_ Contact 2 \_\_\_\_\_

Website: \_\_\_\_\_

### Amount Due 1/01/2011 - 12/31/2011:

- Funds with up to 499 Active Participants: \$ 500.00
- Funds with 500 or more Active Participants: \$ 1,000.00

Please review the information above. If any changes need to be made, please update above. Checks should be made out to the Massachusetts Coalition of Taft-Hartley Trust Funds. Send payment and a copy of this application to:

Massachusetts Coalition of Taft-Hartley Trust Funds  
c/o Gina M. Alongi  
P.O. Box 680  
Medway, MA 02053-0680

P.O. Box 680  
Medway, MA 02053-0680  
Tel: 508-533-1400 / Fax: 508-533-1425  
www.macoalthtf.org

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