

- (e) That should we desire to cancel our coverage, we will give notice in accordance with the terms and conditions established by the trust
- (f) That coverage under this membership shall be for Missouri operations only
- (g) That the Wage Declaration Schedule and/or Certificates, when completed and returned to us by (Service Company) _____, become a part of this agreement.

(Typed Name of Applicant)

(Title) (Owner, Partner, Corporate Officer)

(Signature of Applicant)

WITNESSES:

(1) _____
(Typed Name)

(Signature)

(Address)

(2) _____
(Typed Name)

(Signature)

(Address)

(Corporate President)

(Date)

The above applicant is a member of _____
 and is hereby approved for membership in this trust, and coverage is effective the _____ day of _____, _____.

Signed this _____ day of _____, _____

By: _____
(Fund Administrator or Trustee)

