



Central Illinois Construction Trades Substance Abuse Testing Fund
MEMBER REGISTRATION FORM

PLEASE PRINT

There should be one form for each Member at your company that is part of the
Central Illinois Construction Trades Substance Abuse Testing Fund.

Company Name: _____

Employee Name: _____
First Middle Initial Last

Home Local Union and Trade _____

Last 4 of Social Security Number/Union Card Number: _____

Birthdate: _____

Home Address: _____

City: _____

State: _____ Zip Code: _____

Cell Phone Number: _____

Email: _____

You may fax, mail or even email an Excel sheet of all employees with this
information to Compliance@screensafeinc.com.

Thank you for your cooperation.