For Local	47 Office Use Only
Name RAPER HIBERT LEON	
R 12401	/

Instruments C11	itar					
Date Enrolled		Where Born		Date Born		
Initiation T	ransfer Local No)•				
10 15 56		Phoenix,	Ariz.	4	5	35
Date First Papers Where issued		Where Com	pleted <u>Ci</u> tize	Date enship c	omplete	d
Membership Terminat	ted D	ate Electe	d Life Member	Date		
Cause						
Remarks	•		•		_	

S-4 28

Very

BENEFICIARY CARD

Important

Local 47, A. F. of M. - 817 Vine St., Los Angeles Social Security No. Date: ***

In order that a more complete and correct registration of the membership of this Association, showing date of BIRTH, CITIZENSHIP and designated BENEFICIARY of every member of the Association, may be compiled, as ordered by the Board of Directors and in conformity with Art. XIII, (DEATHS), it is important and absolutely necessary that you write in ink answers to all the following questions and immediately mail this card to the Recording

- Secretary's Office. 1. Are you a member by paid initiation? YES 2. Are you a member on transfer?
- 3. Are you a citizen of the United States?
- 4. Have you declared your intention to become a citizen by taking out first papers?
- 5. WHERE and WHEN were you born?

PHOENIA APRIL Month