



Hours Detail Request Form

Fax completed form to: 913-621-2464

 Print Name Last four digits of your SS#

 Mailing Address City State Zip Code

 Phone Number Alternate Phone Number

Check here if new address

Please mail my hours

Please fax my hours

Local Lodge

Local Lodge Number

Local Lodge Fax Number

Other

Entity Faxing to

Fax Number

Attention to

X _____
Participant Signature

Date

Please note: This form must be signed by Participant to fax requested information. This is effective for one use only. If not signed, information will be mailed to home address.

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754 Minnesota Avenue | Kansas City, KS 66101-2788 | 866.342.6555 | 913.342.6555 | bnf-kc.com