

Application for Membership USA



OBLIGATION OF I.B.E.W.®

"I, the undersigned, in the presence of members of the International Brotherhood of Electrical Workers®, promise and agree to conform to and abide by the Constitution and laws of the I.B.E.W.® and its Local Unions. I will further the purposes for which the I.B.E.W.® is instituted. I will bear true allegiance to it and will not sacrifice its interest in any manner."

APPLICATION DATE (mm/dd/yyyy)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT

MR MS MRS **FIRST NAME** [PLEASE PRINT OR TYPE FULL NAME] M.I.

| | |
|--|--|
| | |
|--|--|

JR III

LAST NAME SR IV

| | |
|--|--|
| | |
|--|--|

II V

ADDRESS (STREET & NUMBER)

| |
|--|
| |
|--|

CITY **STATE** **ZIP CODE+4**

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

EMAIL ADDRESS

| |
|--|
| |
|--|

DATE OF BIRTH (mm/dd/yyyy) / / **DATE OF HIRE (mm/dd/yyyy)** / / **SOCIAL SECURITY NO.** - -

TELEPHONE NO. () - **PRESENT EMPLOYER**

| |
|--|
| |
|--|

CLASSIFICATION

| |
|--|
| |
|--|

| | | |
|--|--|--|
| <p>INDUSTRY WHERE YOU ARE EMPLOYED</p> <p><input type="checkbox"/> RAILROAD</p> <p><input type="checkbox"/> GOVERNMENT</p> <p><input type="checkbox"/> INSIDE CONSTRUCTION & MAINTENANCE</p> <p><input type="checkbox"/> OUTSIDE CONSTRUCTION & MAINTENANCE</p> <p><input type="checkbox"/> UTILITY</p> <p><input type="checkbox"/> TELECOMMUNICATIONS</p> <p><input type="checkbox"/> BROADCASTING</p> <p><input type="checkbox"/> MANUFACTURING</p> <p><input type="checkbox"/> OTHER</p> | <p>HOW DID YOU BECOME AN I.B.E.W.® MEMBER? [SELECT ONE]</p> <p><input type="checkbox"/> I WAS ORGANIZED</p> <p><input type="checkbox"/> I WAS ORGANIZED AS AN APPRENTICE</p> <p><input type="checkbox"/> I WAS SELECTED FOR AN APPRENTICESHIP</p> <p><input type="checkbox"/> I AM A NEW HIRE</p> <p><input type="checkbox"/> OTHER</p> | <p>REGISTERED VOTER?</p> <p><input type="checkbox"/> DEMOCRAT</p> <p><input type="checkbox"/> REPUBLICAN</p> <p><input type="checkbox"/> INDEPENDENT</p> <p><input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> NOT REGISTERED</p> |
| <p>HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.®?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO LOCAL UNION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STATE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>IF SO, WHERE? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>RACE*</p> <p><input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC ORIGIN</p> <p><input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN</p> <p><input type="checkbox"/> ASIAN <input type="checkbox"/> PACIFIC ISLANDER</p> <p><input type="checkbox"/> OTHER</p> | <p>Gender*</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p> |

* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.

THIS PORTION TO BE FILLED IN BY L.U. FINANCIAL SECRETARY

| | | |
|---|--|---|
| EMPLOYEE NUMBER (IF APPLICABLE) | INITIATION DATE (mm/dd/yyyy) | TYPE OF MEMBERSHIP |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> "A" <input type="checkbox"/> "BA" |
| INITIATION FEE PAID | INITIATION FEE DUE | IO SHARE (1/2 TO \$60) |
| \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> |
| PAID \$2.00 PENSION ADM. FEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | NUMBER OF PAYMENTS MADE WITH THIS APPLICATION | CARD NUMBER |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | LOCAL UNION | Page 1 of 1 |
| Form No. 107 01/17 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |