

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)

Grid for application date

TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT

[PLEASE PRINT OR TYPE FULL NAME]

MR MS MRS FIRST 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

INDUSTRY WHERE YOU ARE EMPLOYED

HOW DID YOU BECOME AN I.B.E.W.® MEMBER? [SELECT ONE]

Gender* MALE FEMALE

REGISTERED VOTER? DEMOCRAT REPUBLICAN INDEPENDENT OTHER NOT REGISTERED

HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.®? LOCAL UNION STATE

RACE* WHITE HISPANIC ORIGIN BLACK AMERICAN INDIAN ASIAN PACIFIC ISLANDER OTHER

* 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 "A" "BA" INITIATION FEE PAID INITIATION FEE DUE IO SHARE (1/2 TO \$60) CARD NUMBER

PAID \$2.00 PENSION ADM. FEE? YES NO

NUMBER OF PAYMENTS MADE WITH THIS APPLICATION

LOCAL UNION

