



Application for Membership USA

Form No. 107 Rev 05/20

[PLEASE PRINT OR TYPE FULL NAME]

FIRST NAME

M.I.

- MR
- MS
- MRS

- JR III
- SR IV
- II V

LAST NAME

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. (Last four only)

TELEPHONE NO.

PRESENT EMPLOYER

CLASSIFICATION

INDUSTRY WHERE YOU ARE EMPLOYED

- RAILROAD
- GOVERNMENT
- INSIDE CONSTRUCTION & MAINTENANCE
- OUTSIDE CONSTRUCTION & MAINTENANCE
- UTILITY
- TELECOMMUNICATIONS
- BROADCASTING
- MANUFACTURING
- OTHER

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

- I WAS ORGANIZED
- I WAS ORGANIZED AS AN APPRENTICE
- I WAS SELECTED FOR AN APPRENTICESHIP
- I AM A NEW HIRE
- OTHER

* Gender MALE FEMALE

* RACE AND ETHNICITY

- WHITE NATIVE AMERICAN/INDIGENOUS
- BLACK NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER
- ASIAN
- LATINO
- TWO OR MORE RACES

Are you a Veteran of the Armed Forces?

Yes No

REGISTERED VOTER?

Yes No

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

YES NO LOCAL UNION STATE

IF SO, WHERE?

*Submission of this information is voluntary and will be kept confidential. The particular categories of gender, race, and ethnicity collected are those sought by applicable federal laws under which certain local unions must report such information on an aggregate and summary basis to the federal government. If you choose not to self-identify, the federal government may require this information to be determined by visual survey and/or other available information.



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."

LOCAL UNION APPLICATION DATE(mm/dd/yyyy)

TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT *

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

CARD NUMBER

INITIATION DATE(mm/dd/yyyy)

INITIATION FEE PAID

* TYPE OF MEMBERSHIP "A" "BA"

PAID \$2.00 PENSION ADM. FEE? Yes No

UNION DUES AUTHORIZATION/CANCELLATION

Employee Name: _____
(Please Print) Last First MI

SSN: XXX-XX-_____
(Last 4 digits)

Company Name: East Central Electric CO-OP Effective Date: _____

AUTHORIZATION OF MEMBERSHIP DUES DEDUCTIONS

I hereby authorize and direct the Company to deduct from my pay an amount equal to the Union dues/fees certified by the Union and to pay same to said Local Union in accordance with the By-laws of IBEW, Local Union 1002 and the Constitution of the International Brotherhood of Electrical Workers. This Authorization is made voluntarily and is not conditioned on my present or future membership with the Union.

This Authorization shall be irrevocable for a period of one year from the date hereof or until the expiration of this agreement, whichever occurs sooner. I agree this authorization shall be automatically renewed and irrevocable for successive periods of one year unless revoked in writing to the Union within ten (10) days prior to the anniversary of this authorization or the expiration of the CBA, whichever comes first.

Employee Signature: _____

IBEW, Local 1002- A _____

IBEW, Local 1002- BA _____

CANCELLATION OF UNION DUES

I hereby authorize the company to cancel my Union Dues.

Employee Signature: _____
(You must send this to the Union to properly cancel this Authorization.)