

# Application for Membership CANADA

## OBLIGATION OF I.B.E.W.®

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

In applying for membership, I understand that Local 258 of the IBEW (the "Union") intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining with my employer, and my signature below authorizes this activity on my behalf.

I also hereby provide the Union with my consent to use, retain, and disclose the personal information I provide on this form in accordance with the Union's Personal Information and Protection Act (BC).



APPLICATION DATE (DD/MM/YYYY)

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TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT

[PLEASE PRINT OR TYPE FULL NAME]

<input type="checkbox"/> MR	FIRST NAME		M.I.
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS			

JR     III

LAST NAME

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SR     IV  
 II     V

ADDRESS (STREET NUMBER)

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CITY	PROV.	POSTAL CODE

EMAIL ADDRESS

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DATE OF BIRTH (DD/MM/YYYY)	DATE HIRED (DD/MM/YYYY)	SOCIAL INSURANCE NUMBER

TELEPHONE NO.	PRESENT EMPLOYER

CLASSIFICATION

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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 PROGRAM
  - I AM A NEW HIRE
  - OTHER

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

- YES     NO

IF SO, WHERE?

LOCAL UNION	PROV						
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PORTION BELOW TO BE FILLED IN BY L.U. FINANCIAL SECRETARY

EMPLOYEE NUMBER (IF APPLICABLE)	INITIATION DATE (DD/MM/YYYY)	TYPE OF MEMBERSHIP
		<input type="checkbox"/> "A" <input type="checkbox"/> "BA"

INITIATION FEE PAID	INITIATION FEE DUE	10 SHARE (1/2 TO \$60)	CARD NUMBER
\$	\$	\$	

PAID \$2.00 PENSION ADM. FEE?     YES     NO

	NUMBER OF PAYMENTS MADE WITH THIS APPLICATION
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