

# Application for Membership CANADA (B.C.)



## OBLIGATION OF I.B.E.W.®

"I, the undersigned, in the presence of members of the International Brotherhood of Electrical Workers®, make application to join the I.B.E.W.®, and 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 allegiance to it and will not sacrifice its interest in any manner." I am applying for membership in Local 258 of the I.B.E.W. (the "Union"). In applying for membership I understand that the Union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining. I hereby give the Union my permission to disclose, retain, and use my personal information in accordance with its Privacy Policy.

APPLICATION DATE (DD/MM/YYYY)

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TO BE SIGNED BY APPLICANT – PLEASE DO NOT PRINT

<input type="checkbox"/>	MR	FIRST NAME (PLEASE PRINT OR TYPE)																				M.I.
<input type="checkbox"/>	MS																					
<input type="checkbox"/>	MRS																					

LAST NAME																				JR			III	
																				SR			IV	
																				II			V	

ADDRESS (STREET & NUMBER)																								

CITY															PROV.	POSTAL CODE				

EMAIL																								

DATE OF BIRTH (DD/MM/YYYY)						DATE OF HIRE (DD/MM/YY)						SOCIAL INSURANCE NO.									
																-			-		

TELEPHONE NO.						PRESENT EMPLOYER																		
(																								

CLASSIFICATION																								

TRADE QUALIFICATION																								

RED SEAL NUMBER																								

INDUSTRY WHERE YOU ARE EMPLOYED <input type="checkbox"/> TRAFFIC CONTROL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> INSIDE CONSTRUCTION & MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> OTHER _____	HOW DID YOU BECOME AN I.B.E.W. ® MEMBER? [SELECT ONE] <input type="checkbox"/> I WAS ORGANIZED <input type="checkbox"/> I WAS ORGANIZED AS AN APPRENTICE <input type="checkbox"/> I WAS SELECTED FOR AN APPRENTICESHIP PROGRAM <input type="checkbox"/> I AM A NEW HIRE <input type="checkbox"/> OTHER _____	HAVE YOU EVER BEEN A MEMBER OF I.B.E.W. ®? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHERE? LOCAL UNION: [ ] [ ] [ ] PROV.: [ ] [ ]
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PORTION BELOW TO BE FILLED BY L.U. FINANCIAL SECRETARY

EMPLOYEE NUMBER (IF APPLICABLE) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	INITIATION DATE (DD/MM/YYYY) [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]	TYPE OF MEMBERSHIP [ ] [ ] [ ] [ ] "A" [ ] [ ] [ ] [ ] "BA"
INITIATION FEE PAID \$ [ ] [ ] [ ] [ ] . [ ] [ ]	INITIATION FEE DUE \$ [ ] [ ] [ ] [ ] . [ ] [ ]	IO SHARE (1/2 TO \$60) \$ [ ] [ ] [ ] [ ] . [ ] [ ]
CARD NUMBER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	LOCAL UNION [ ] [ ] [ ] [ ] [ ]	NUMBER OF PAYMENTS MADE WITH THIS APPLICATION [ ] [ ] [ ] [ ]

PAID \$2.00 PENSION ADM. FEE?  YES  NO