

# 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 213 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	<input type="checkbox"/> MS	<input type="checkbox"/> MRS	FIRST NAME	[PLEASE PRINT OR TYPE FULL NAME]										M.I.	<input type="checkbox"/> JR	<input type="checkbox"/> III

LAST NAME											<input type="checkbox"/> SR	<input type="checkbox"/> IV
										<input type="checkbox"/> II	<input type="checkbox"/> V	

ADDRESS (STREET & NUMBER)										

CITY											PROV.	POSTAL CODE	

EMAIL ADDRESS										

DATE OF BIRTH (DD/MM/YYYY)	DATE HIRED (DD/MM/YYYY)	SOCIAL INSURANCE NO.

TELEPHONE NO.	PRESENT EMPLOYER

CLASSIFICATION										

INDUSTRY WHERE YOU ARE EMPLOYED
<input type="checkbox"/> RAILROAD <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> INSIDE CONSTRUCTION & MAINTENANCE <input type="checkbox"/> OUTSIDE CONSTRUCTION & MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> TELECOMMUNICATIONS <input type="checkbox"/> BROADCASTING <input type="checkbox"/> MANUFACTURING

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 THE I.B.E.W.®? IF SO, WHERE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LOCAL UNION      PROV.		

**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	IO SHARE (1/2 TO \$60)	CARD NUMBER
\$	\$	\$	

PAID \$2.00 PENSION ADM. FEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF PAYMENTS MADE WITH THIS APPLICATION	LOCAL UNION

