



# 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