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PENSACOLA, FL 32534

NON-APPRENTICE

International

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Brotherhood of Electrical Workers

Local Union



Number 676

APPLICATION FOR MEMBERSHIP

The Officers and Membership of this Local Union deeply appreciate your expressed interest in becoming a member of Organized Labor. Please fill in all the **blank spaces** so that your application will not be needlessly delayed. Remember that we want you as a new **Union Member** and will do everything that we can to facilitate your request; but you must supply us with all the requested information. Of the utmost importance is the area of **Former Employment** as this will determine what classification you will receive. This information must be **verifiable**; either supply W-2's, payroll check stubs, or a Social Security print-out that shows the names of your employers for the years of employment that you want considered. For those applicants desiring the Journeyman classification, at least five (5) years of verifiable electrical construction employment must be shown in order to qualify to take the Journeyman Exam. If you have at least ten (10) years of verifiable electrical construction employment, you may then be eligible to omit the requirement for a Journeyman Exam.

Date ____/____/____

PERSONAL INFORMATION

Name: Last _____ First _____ MI _____

Date of birth: ____/____/____

Social Security Number ____-____-____

Marital Status: Married ____ Single ____

Permanent Address: Street _____
City _____
State _____ Zip _____

Phone: ____-____-____ Referred by: _____

POSITION OR CLASSIFICATION DESIRED

Journeyman Wireman _____

Journeyman Lineman _____

Intermediate Journeyman _____

Apprentice Wireman _____

Apprentice Lineman _____

Other _____

Have you ever been a former IBEW member? Yes _____ No _____

If so, where? _____

Have you ever applied for membership before? Yes _____ No _____

If so, where? _____

EDUCATION

High School _____

City _____ State _____ Zip _____

Did you graduate? Yes _____ No _____ If so, date _____ / _____ / _____

If not, circle grade completed 09 10 11 12

College _____

City _____ State _____ Zip _____

Number of years completed _____ Date _____ / _____ / _____

Degree(s) received _____

Trade, Business, or Correspondence _____

City _____ State _____ Zip _____

Number of years completed _____

Degree(s) received _____ Date _____ / _____ / _____

Please list any special skills _____

Please list any special interests _____

PRESENT EMPLOYMENT

Are you employed at this time? Yes _____ No _____

If so, name of Employer: _____

Street _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Contact person _____

Do you have a City or State License? City Yes _____ No _____

State Yes _____ No _____

May we contact your present Employer? Yes _____ No _____

FORMER EMPLOYMENT

List below your former electrical construction employers beginning with the most recent:

From _____ / _____ / _____ Employer _____

To _____ / _____ / _____ Address _____

City _____ State _____ Zip _____

Position _____

Ending salary _____

Phone _____

Contact person _____

From _____ / _____ / _____ Employer _____

To _____ / _____ / _____ Address _____

City _____ State _____ Zip _____

Position _____

Ending salary _____

Phone _____

Contact person _____

From _____ / _____ / _____ Employer _____

To _____ / _____ / _____ Address _____

City _____ State _____ Zip _____

Position _____

Ending salary _____

Phone _____

Contact person _____

From ____ / ____ / ____
To ____ / ____ / ____

Employer _____
Address _____
City _____ State ____ Zip ____
Position _____
Ending salary _____
Phone _____
Contact person _____

From ____ / ____ / ____
To ____ / ____ / ____

Employer _____
Address _____
City _____ State ____ Zip ____
Position _____
Ending salary _____
Phone _____
Contact person _____

From ____ / ____ / ____
To ____ / ____ / ____

Employer _____
Address _____
City _____ State ____ Zip ____
Position _____
Ending salary _____
Phone _____
Contact person _____

From ____ / ____ / ____
To ____ / ____ / ____

Employer _____
Address _____
City _____ State ____ Zip ____
Position _____
Ending salary _____
Phone _____
Contact person _____

From ____ / ____ / ____
To ____ / ____ / ____

Employer _____
Address _____
City _____ State ____ Zip ____
Position _____
Ending salary _____
Phone _____
Contact person _____

REFERENCES

Please list three individuals, not related to you, whom you have known for more than one year.

(1) Name Last _____ First _____ MI _____
 Address _____
 City _____ State _____ Zip _____
 Position _____ Years acquainted _____

(2) Name Last _____ First _____ MI _____
 Address _____
 City _____ State _____ Zip _____
 Position _____ Years acquainted _____

(3) Name Last _____ First _____ MI _____
 Address _____
 City _____ State _____ Zip _____
 Position _____ Years acquainted _____

THANKS AGAIN FOR YOUR INTEREST IN THE I.B.E.W.



Application for Membership USA

Form No. 107 Rev 03/23

[PLEASE PRINT OR TYPE FULL NAME]

FIRST NAME

M.I.

- ☐ 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

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

☐ YES ☐ NO LOCAL UNION STATE
IF SO, WHERE?

Are you a Veteran of the Armed Forces?

☐ Yes ☐ No

REGISTERED VOTER?

☐ Yes ☐ No

* 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

AUTHORIZATION FOR REPRESENTATION

I authorize Local Union No. _____ of the International Brotherhood of Electrical Workers to represent me as my National Labor Relations Act (NLRA), Section 9(a), bargaining representative in collective bargaining with present and future employers on all present and future jobsites within the jurisdiction of the Union. This Authorization is non-expiring, binding, and valid until such time as I submit a written revocation.

Name _____
(Print first, middle, and last name)

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Authorization

Signature

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

OR

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,