

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

Local Union



Number 676

Application Instructions and Requirements for Membership

The Officers and Membership of this Local Union appreciate your interest in becoming a member of Organized Labor. To avoid delays in processing, all sections of this application must be completed in full. Applicants are responsible for providing all requested information.

The section on **Former Employment** is of particular importance, as it determines the classification to be assigned. Employment history must be verifiable through supporting documentation. Acceptable documentation includes **W-2 forms, payroll check stubs, or an official Social Security Administration printout** listing employers and years of employment.

Applicants requesting **Journeyman classification** must provide documentation of a minimum of **five (5) years of verifiable electrical construction employment** in order to be eligible for the Journeyman Examination. Applicants with **ten (10) or more years of verifiable electrical construction employment** may be considered for exemption from the examination requirement.

Incomplete applications or insufficient documentation may result in a delay or denial of processing.

Application Date: ____/____/____

PERSONAL INFORMATION

Name Last: _____ First: _____ MI: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Marital Status: Married _____ Single _____

Permanent Address: Street _____

City _____

State _____ Zip _____

Phone: (_____) _____ - _____

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 _____ Date _____

Degree(s) received _____

Please list any special skills _____

Please list any special interests _____



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 (personal email address preferred)

DATE OF BIRTH (mm/dd/yyyy)

DATE OF HIRE (mm/dd/yyyy)

SOCIAL SECURITY NO. (Last four only)

TELEPHONE NO.

PRESENT EMPLOYER (Department/Agency)

CLASSIFICATION (State job title)

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

BENEFICIARY DESIGNATION FORM - USA

For Death Benefits from the IBEW Pension Benefit Fund

Retired/Active "A" Members of the IBEW

Section A: Member's Information

| | | | |
|------------------------------|-------------|-------------|------------------------|
| <input type="checkbox"/> MR | First Name | MI | Last Name |
| <input type="checkbox"/> MS | | | |
| <input type="checkbox"/> MRS | Local Union | Card Number | Social Security Number |
| | | | |
| | E-Mail | | |
| | | | |

Section B: Beneficiary Information

If naming an individual, please complete this section and if you need additional beneficiaries attach Form No.124C.

| | | | |
|------------------------------|--------------|----|---|
| <input type="checkbox"/> MR | First Name | MI | Last Name |
| <input type="checkbox"/> MS | | | |
| <input type="checkbox"/> MRS | Relationship | | Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent |
| <input type="checkbox"/> MR | First Name | MI | Last Name |
| <input type="checkbox"/> MS | | | |
| <input type="checkbox"/> MRS | Relationship | | Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent |
| <input type="checkbox"/> MR | First Name | MI | Last Name |
| <input type="checkbox"/> MS | | | |
| <input type="checkbox"/> MRS | Relationship | | Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent |

If naming an organization or trust, please complete this section

Choose One:
☐ Primary ☐ Contingent

| | | |
|--|-------|------------|
| Name of Organization, Institution or Trust | | |
| | | |
| | | |
| Address (Street & Number) | | |
| | | |
| City | State | Zip Code+4 |
| | | |

Today's Date (MM/DD/YYYY)

| | | | | | |
|--|---|--|---|--|--|
| | / | | / | | |
|--|---|--|---|--|--|

Today's Date (MM/DD/YYYY)

| | | | | | |
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Notary or LU Seal

| |
|--|
| |
|--|

Member's Signature

Notary or Local Union Official's Signature

Printed Name and Title of LU Official or Notary

Mail Completed Form to:
IBEW
900 7th Street, NW
Washington, DC 20001
Attn: Pension & Death Claims Dept



AUTHORIZATION FOR REPRESENTATION



I authorize Local Union No. 676 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 nonexpiring, binding, and valid until such time as I submit a written revocation.

Name: _____ Email: _____

Home Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Date of Authorization Signature

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|--|---|--|
| Print or type. See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | |
| | 2 Business name/disregarded entity name, if different from above. | |
| | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) |
| | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | |
| | 5 Address (number, street, and apt. or suite no.). See instructions. | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| 7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | | |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|--|
| Social security number | | | | | | | | | | | |
| | | | | - | | | | - | | | |
| or | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | |
| | | | | | - | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

| | | |
|------------------|--------------------------|------|
| Sign Here | Signature of U.S. person | Date |
|------------------|--------------------------|------|

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

APPLICATION FOR DEATH BENEFIT

Local Union 676

This application made to L.U. 676 is the basis and a part of the proposed contract.

1. Name _____
2. L.U. No. _____ Card No. _____ Date of Birth _____
3. Residence Address _____
4. City _____ State _____ Zip _____
5. Primary Beneficiary _____
6. Relationship _____
7. Contingent Beneficiary _____
8. Relationship _____

Date _____ Signed _____

IMPORTANT

Beneficiary and contingent beneficiaries must be named from among the following: family, heirs, blood relations, fiancée.

When naming beneficiary, please write plainly the Cristian name (ELAINE, MARIE, etc.—NOT “Mrs.”)

I hereby agree, on behalf of my heirs and myself to relieve the Local Union 676 from all liability under any previous certificates issued to me by reason of any former membership in the I.B.E.W.

I hereby expressly warrant the truthfulness of each and all material statements made by me herein, and agree that all other statements made by me herein, and agree that all other statements made by me herein shall, in the absence of fraud, be deemed representations and not warranties.

Signed _____



Place
Stamp
Here

**SOUTHERN ELECTRICAL RETIREMENT FUND
3928 VOLUNTEER DRIVE
CHATTANOOGA, TENNESSEE 37416-3817**

BASIC DATA CARD

SOUTHEN ELECTRICAL RETIREMENT FUND

IMPORTANT:

This card must be on file with the Administrative Office to guarantee prompt payment of your benefits.

Even if you have already filled out a card, you can be sure your record with the Fund Office is correct by making out a new one.

Under Federal Law, you are entitled to certain information about your Retirement Plan. It is important that you address is current so you can receive this information.

You can mail this to the Fund by putting a postage stamp on the card.

LOCAL NO. _____

SOCIAL SECURITY NO. _____

Participant's Name _____

Residence Address _____

Participant's Date of Birth _____ Married? _____ Phone _____

Name of Beneficiary _____

Contingent Beneficiary _____

| | | |
|------------|-----------------|--------------|
| Spouse's | Spouse's | Spouse's |
| Name _____ | Birthdate _____ | S.S.N. _____ |

The above named beneficiary supersedes any and all beneficiaries previously designated.

Date _____ Member Signature _____

NOTE: Under Federal law, if you are married, you may not designate a beneficiary for your pension benefits other than your spouse without your spouse's written consent, as witnessed by a Notary Public. Forms are available at the Fund Office for this purpose.