

APPLICATION FOR MEMBERSHIP

International Union of Operating Engineers, Local 95, AFL-CIO

Having formed a favorable opinion of your Union, I hereby make application to become a member thereof, and if accepted, I agree as follows: That I will not violate any of the provisions of the Constitution, Rituals, By-Laws, Customs, Rules or Mandates of the Union, or enter into any contract or agreement which provides for the withdrawal of my membership from this Union; I further agree, in the event of a claimed grievance against the Union, to faithfully observe the procedure of, and within the provisions of the International Constitution fully accept as final, the findings of the Trial Board within the order; I further agree, to conform to and abide by all laws, rules and regulations and orders stipulated in the Constitution and By-Laws, or given by those in authority.

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | MI |

| |
|----------------------|
| <input type="text"/> |
| Address |

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | Zip |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Social Security # | Date of Birth |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| ()/ Home Phone # | ()/ Home Fax # |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| ()/ Cell Phone # | Home E-mail Address |

| | | |
|--------------------------------|----------------------------|--|
| E-mail: <input type="text"/> | Text: <input type="text"/> | US Mail (please circle) <input type="text"/> |
| Union Information Notification | | |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Employer | Date of Hire |

| | |
|----------------------|------------------------------|
| <input type="text"/> | <input type="text"/> |
| Building/Facility | \$ Package Rate (*see below) |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| ()/ Work Phone # | ()/ Work Cell # |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| ()/ Work Fax # | ()/ Work Pager # |

| | |
|----------------------|---|
| <input type="text"/> | <input type="text"/> |
| Work E-mail Address | Full-Time / Part-Time / Temporary Status (please circle) |

| | |
|--|----------------------|
| <input type="text"/> | <input type="text"/> |
| Yes No Registered Voter (please circle) | Job Classification |

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|-------------------------------------|
| <input type="text"/> |
| Licenses & License #/Certifications |

*Package Rate = hourly wage rate + hourly CPF contribution rate (if applicable)