

United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, AFL-CIO



APPLICATION FOR MEMBERSHIP

Print **one character per block with blue or black ink pen only. Use an "X" or check mark in the boxes.**

Local No.	SSN/SIN	Card No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>(m m / d d / y y y y)</small>	
Last Name	First Name			Initial
<input type="text"/>	<input type="text"/>			<input type="text"/>
Address <input type="text"/>				
City	State/Province	Zip Code / Postal Code		
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>		
Home Phone No.	Cell Phone No.		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>			
Personal Email <input type="text"/>				
Work Email <input type="text"/>				

TO BE COMPLETED BY LOCAL UNION

EXPERIENCE APPROVED FOR CREDIT

Journeyman: Years <input type="text"/>	Months <input type="text"/>
Apprentice: Years <input type="text"/>	Months <input type="text"/>

ACTION (check only one)

New Initiation (m m / d d / y y y y)
 Re-Initiation
 Reinstated on Withdrawal Date / /
 Hon/Mil Lapsed

CLASSIFICATION (one block in each column must be checked)

DIV	SKILL	TRADE
<input type="checkbox"/> BT	<input type="checkbox"/> Helper	Trade Code <input type="text"/>
<input type="checkbox"/> MT	<input type="checkbox"/> Trainee	<small>(see reverse for trade code)</small>
<input type="checkbox"/> DIV	<input type="checkbox"/> Apprentice	
	<input type="checkbox"/> Journeyman	
	<input type="checkbox"/> MES	

*Please return current member and travel cards

Sec 130(a) - "Members initiated in any local union before the 20th of the month shall pay dues for that month. On and after the 20th of the month, the dues shall commence on the first of the following month."

Initiation Fee \$ # Months Paid

INITIATING PARTY: General Office Activities By Contractor Organizing By JATC By Local Other

Do you give consent to receive text messages from the United Association? Yes

THE ABOVE INFORMATION MUST BE COMPLETED IN ITS ENTIRETY, OR THE APPLICATION WILL BE RETURNED

List employers for whom applicant has been employed at the trade.

(1) _____	Years _____	Months _____
(2) _____	Years _____	Months _____
(3) _____	Years _____	Months _____

I agree that any false statement herein made is just cause for cancellation of membership. Yes No Where _____
 Have you previously requested membership in the United Association? Yes No
 Have you ever been a member of the United Association? Yes No When (mo/yr) _____

Applicant is aware of Section 129 and 130. If local union collects part payment for initiation, and applicant fails to be heard from within three weeks, the local may declare the amount forfeited.

I do promise and pledge my word of honor that I will abide by the principles, policies and the Constitution and By-Laws of the United Association and the local union now in force and as may hereafter be enacted; that I will not commit any act prejudicial to the best interest of the United Association or the local union; that I am not a member of any organization advocating the overthrow by force or violence the government of the United States or Canada; that I will faithfully endeavor to attend meetings and I will at all times assist members of the United Association.

Signature _____

Date _____

This application must be sent to the General Secretary-Treasurer, by the local union, upon admission of the member.

29625

