

Application for Membership USA



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."

APPLICATION DATE (mm/dd/yyyy)

Grid for application date

TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT

MR MS MRS FIRST NAME M.I. JR III

LAST NAME SR IV II V

ADDRESS (STREET & NUMBER)

CITY STATE ZIP CODE+4

EMAIL ADDRESS

DATE OF BIRTH DATE OF HIRE SOCIAL SECURITY NO.

TELEPHONE NO. PRESENT EMPLOYER

CLASSIFICATION

INDUSTRY WHERE YOU ARE EMPLOYED

HOW DID YOU BECOME AN I.B.E.W.® MEMBER?

REGISTERED VOTER? Gender*

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

RACE*

* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.

THIS PORTION TO BE FILLED IN BY L.U. FINANCIAL SECRETARY

EMPLOYEE NUMBER INITIATION DATE TYPE OF MEMBERSHIP INITIATION FEE PAID INITIATION FEE DUE IO SHARE CARD NUMBER

PAID \$2.00 PENSION ADM. FEE? NUMBER OF PAYMENTS MADE WITH THIS APPLICATION LOCAL UNION

IBEW 962 and 962(T) Union Dues Payroll Deduction Authorization Form

Employee Name	
Employee ID	

As a member of the International Brotherhood of Electrical Workers, Local #962 or 962(T), I hereby authorize and request the company to deduct from any wages due me for the **first pay period** of each calendar month, the sum designated by the Financial Secretary of the below mentioned Local Union, for me and in my behalf, as my monthly dues to said Local Union. This payroll deduction authorization shall remain in effect until withdrawn by me by notice in writing to the company.

I hereby authorize Payroll to (check one)

	Start a deduction (Union dues are deducted from the 1st paycheck of every month)
	Stop the current deduction

	UD962A	Local 962 or 962(T) 'A' (membership, pension and death benefits) \$56		UD962B	Local 962 or 962(T) 'BA' (membership only) \$40
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Employee Signature

	Date	
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Financial Secretary Signature (Required)

	Date	
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Email the form to duke-energy.wfa@hewitt.com