



Application for Membership USA

Form No. 107 Rev 05/20

[PLEASE PRINT OR TYPE FULL NAME]

FIRST NAME

M.I.

MR

JR III

MS

SR IV

MRS

LAST NAME

II V

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

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

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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**Return form to IBEW 962
1327 Beaman Place, Suite B5
Greensboro, NC 27408**