

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																																																																																	
<table border="1" style="width: 100px; border-collapse: collapse;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	<table border="1" style="width: 100px; border-collapse: collapse;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	<table border="1" style="width: 100px; border-collapse: collapse;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	<table border="1" style="width: 100px; border-collapse: collapse;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	<table border="1" style="width: 100px; border-collapse: collapse;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	<input type="checkbox"/> Female
Last Name	(If reinitiation or reinstatement on withdrawal)				Initial																																																																																
Address					<table border="1" style="width: 100px; border-collapse: collapse;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																																																																
City	State/Province	Zip Code / Postal Code																																																																																			
Home Phone No.	Cell Phone No.																																																																																				
Personal Email	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																				
Work Email																																																																																					

TO BE COMPLETED BY LOCAL UNION

EXPERIENCE APPROVED FOR CREDIT

Journeyman: Years	<table border="1" style="width: 50px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>			Months	<table border="1" style="width: 50px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>		
Apprentice: Years	<table border="1" style="width: 50px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>			Months	<table border="1" style="width: 50px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>		

ACTION (check only one)

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

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 Hon/Mil Lapsed

*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 \$

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 # Months Paid

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CLASSIFICATION (one block in each column must be checked)

DIV	SKILL	TRADE						
<input type="checkbox"/> BT	<input type="checkbox"/> Helper	Trade Code						
<input type="checkbox"/> MT	<input type="checkbox"/> Trainee	<table border="1" style="width: 150px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
<input type="checkbox"/> DIV	<input type="checkbox"/> Apprentice	(see reverse for trade code)						
	<input type="checkbox"/> Journeyman							
	<input type="checkbox"/> MES							

Trade Code

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(see reverse for trade code)

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

When _____

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

29625

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