

Welcome to the IBEW!

Our records indicate that you were hired into a new position with your employer that has a negotiated collective bargaining agreement with the International Brotherhood of Electrical Workers Local 702 (IBEW 702).

In order to hold your new position, you are **required** to complete the following paperwork and submit it back to IBEW Local 702 as soon as possible to become a member in good standing.

New Members to the IBEW are required to pay a \$15.00 initiation fee when completing this packet.

Current IBEW members do not have to pay the \$15.00 initiation fee as long as you are currently a member in good standing with the IBEW in any Local.

If you are transferring into IBEW Local 702 from a different IBEW Local, you will need to acquire a Travelling Card from your home Local and have it sent to IBEW Local 702 to work in our jurisdiction.

There are directions included in this packet and if you should have any questions beyond what is provided, please feel free to call the Union Hall and request to speak with your Business Representative.

Congratulations on your new position, and being a part of the IBEW. You should consider yourself fortunate to hold a position where you are able to negotiate over your future employment and have a voice in your workplace.

IBEW Local 702
106 North Monroe
West Frankfort, IL 62896

Office: (618) 932 - 2102

Fax: (618) 932 - 2311

Application for Membership USA:

- Sign and complete the entire top portion of the form.
- Only the bottom portion is to be completed by the International Office of the IBEW and should be left blank.
- This form is for internal records of the IBEW and will help us keep you informed.

W-9 Request for Taxpayer I.D. Number and Certification:

- Complete the form as best you can with the understanding you have of what is requested.
- At the very least, fill in the section with your Social Security Number and sign this document.
- This form makes it possible to make payments to you in the event that you are ever involved in matters that would require the Union to pay lost wages on your behalf. For example: Negotiating Committees, Union Officer duties, etc.

Authorization for Representation:

- Sign and complete the entire form.
- This card is a requirement to become a member of the IBEW in your current position.
- Everyone needs to complete this form, even if you were in a position with the IBEW at another employer before starting here.
- This card allows the IBEW Local 702 to represent you in the affairs related to your employment that have to do with the collective bargaining agreement that you are working under.
- This is a requirement for your employment under the collective bargaining agreement.

Payroll Deduction Authorization for Union Dues:

- Sign and complete the entire form.
- Where it asks for Payroll # and Employee #, you may not know those yet, and you are welcome to leave those blank unless you have them available.
- Do put your Social Security Number on the form.
- This form does not have to be completed if you prefer to drive to the Union Hall to pay your dues, or mail a check each month without being late and causing yourself to be in our delinquent membership file.
- By completing this form, you are authorizing your employer to automatically deduct the appropriate amounts out of your paycheck for dues owed.
- This method of payroll deduction is almost always utilized as the option of choice by our members, and is highly recommended to prevent you becoming delinquent on your dues.
- You will owe back dues from the date you started to the date the Company starts deductions.

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

[PLEASE PRINT OR TYPE FULL NAME]

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 (mm/dd/yyyy) DATE OF HIRE (mm/dd/yyyy) SOCIAL SECURITY NO.

TELEPHONE NO. PRESENT EMPLOYER

CLASSIFICATION

INDUSTRY WHERE YOU ARE EMPLOYED

HOW DID YOU BECOME AN I.B.E.W.® MEMBER? [SELECT ONE]

REGISTERED VOTER? Gender*

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

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 (IF APPLICABLE) INITIATION DATE (mm/dd/yyyy) TYPE OF MEMBERSHIP "A" "BA"

INITIATION FEE PAID INITIATION FEE DUE IO SHARE (1/2 TO \$60) CARD NUMBER

PAID \$2.00 PENSION ADM. FEE? YES NO NUMBER OF PAYMENTS MADE WITH THIS APPLICATION LOCAL UNION

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION No. 702

Payroll Deduction Authorization for Union Dues

I hereby authorize **Penn Aluminum International, LLC** to deduct from my wages and pay to the International Brotherhood of Electrical Workers, Local Union No. 702, such monthly dues and initiation fees (\$15.00) as may be established in the By-Laws of the Union. Such monthly dues shall be forwarded to the International Brotherhood of Electrical Workers, Local Union 702, 106 N. Monroe Street, West Frankfort, IL 62896.

This authorization shall remain in full force and effect until the month following a written notice revoking the same is executed by me and delivered to **Penn Aluminum International, LLC**, and a copy to the Union.

This cancels any previous authorization for payroll deduction for Union dues which I may have heretofore given.

Type of Membership (circle one): BA A A+

Name (printed)

Signature

Date: _____

Dept. (if applicable) _____



**INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS
LOCAL UNION No. 702**

AUTHORIZATION FOR REPRESENTATION

I authorize Local Union 702 of the International Brotherhood of Electrical Workers to represent me as my bargaining representative in collective bargaining with my employer.

Name: _____
(Print first, middle, and last name)

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Location: _____

Department: _____ Manager: _____

Job Title: _____ Shift: 1st 2nd 3rd

Date of Authorization

Signature