



# Application for Membership USA

Form No. 107 Rev 05/20

[PLEASE PRINT OR TYPE FULL NAME]

FIRST NAME

M.I.

- MR
- MS
- MRS

- JR  III
- SR  IV
- II  V

LAST NAME

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

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

- YES  NO LOCAL UNION STATE
- IF SO, WHERE?

Are you a Veteran of the Armed Forces?

- Yes  No

REGISTERED VOTER?

- Yes  No

\*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

# Authorization for Representation

I authorize a local union of the IBEW<sup>®</sup> to represent me in collective bargaining with my employer.

Name .....  
(Please Print - First, Middle, Last)

Home Address .....

City ..... State ..... Zip .....

Home Phone ..... E-mail .....

Employer ..... Location .....

Department ..... Manager .....

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

.....  
Date of Authorization

.....  
Signature

Form 141 E/S rev. 2/10



PAYROLL DEDUCTION AUTHORIZATION FOR UNION DUES

I hereby authorize \_\_\_\_\_ to deduct from my wages and pay to the International Brotherhood of Electrical Workers, Local Union 702, such monthly dues 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 \_\_\_\_\_ 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

BA    A    A+  
Circle one

\_\_\_\_\_  
Signature    Write, DO NOT PRINT

Payroll # \_\_\_\_\_ Employee # \_\_\_\_\_

DATE: \_\_\_\_\_

Social Security No. \_\_\_\_\_



IBEW POLITICAL ACTION COMMITTEE (PAC)  
CHECK-OFF AUTHORIZATION

I hereby authorize my employer to deduct from my pay \$ \_\_\_\_\_ each pay period and forward this amount to the IBEW PAC Voluntary Fund. I understand that the IBEW PAC Voluntary Fund will use this money to make political contributions and expenditures in connection with federal and state elections.

This authorization is signed voluntarily and not out of any fear of reprisal. I am aware that I may revoke this authorization at any time by notifying the IBEW PAC in writing. Contributions to the IBEW PAC are not deductible as charitable contributions for federal income tax purposes.

Signature of IBEW Member \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_

Local Union No. \_\_\_\_\_ Card No. \_\_\_\_\_

# BENEFICIARY DESIGNATION FORM - USA

For Death Benefits from the IBEW Pension Benefit Fund

Retired/Active "A" Members of the IBEW

## Section A: Member's Information

MR First Name MI Last Name  
 MS  
 MRS Local Union Card Number Social Security Number  
E-Mail

## Section B: Beneficiary Information

If naming an individual, please complete this section and if you need additional beneficiaries attach Form No.124C.

MR First Name MI Last Name  
 MS Relationship  
 MRS Choose One:  
 Primary  Contingent

MR First Name MI Last Name  
 MS Relationship  
 MRS Choose One:  
 Primary  Contingent

MR First Name MI Last Name  
 MS Relationship  
 MRS Choose One:  
 Primary  Contingent

If naming an organization or trust, please complete this section

Choose One:  
 Primary  Contingent  
Name of Organization, Institution or Trust  
Address (Street & Number)  
City State Zip Code+4

Today's Date (MM/DD/YYYY)

/ /

Notary or LU Seal

Today's Date (MM/DD/YYYY)

/ /

Member's Signature

Notary or Local Union Official's Signature

Printed Name and Title of LU Official or Notary

Mail Completed Form to:  
IBEW  
900 7th Street, NW  
Washington, DC 20001  
Attn: Pension & Death Claims Dept



Form No. 124A Rev. 08/01/08

Print Form

Additional Beneficiaries Form 124C