



International Union of Bricklayers & Allied Craftworkers

Application for Apprentice Membership

(Please Print)

I hereby make application to become a member of Union No. _____, State/Province

as a _____

Chartered Branch(es) of Trade (See Reverse Side)

Is this an Application for Improver? _____
To be completed by Local

DO NOT WRITE IN SHADED AREA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Last Name			First Name			Initial		Area Code		Home Phone Number	

Address—Line 1								Area Code		Cell Phone Number*	
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Address—Line 2								E-Mail Address*		*(See Reverse Side)	
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City				State/Prov.		Zip Code		Canada	Local Initiation Fee	
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Gender: Male Female I do not wish to disclose

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino I do not wish to disclose

Race (check one): Asian American Indian/Alaska Native/First Nation Canadian Black/ African American White

Native Hawaiian/Pacific Islander Two or More Races I do not wish to disclose

Apprentice Registration Date Mo. Day Yr.	Social Security or Social Insurance Number	Date of Birth Mo. Day Yr.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be completed by Local		

The demographic information requested is optional. Your response or non-response will not affect your application or membership rights in any way. The information will be used in aggregate form to better understand demographic trends and to develop programs and initiatives that promote diversity in our membership.

Beneficiary Last Name		First Name		Initial		Relationship	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Indentured to—Joint Apprenticeship Committee (JAC), Joint Arbitration Board (JAB) or Employer (Emp)	Expiration MO. YR.
<input type="checkbox"/>	<input type="checkbox"/>

PLEDGE

I hereby solemnly and sincerely pledge that I will not reveal any private business or proceedings of this union or any individual actions of its members; that I will, without equivocation or evasion, and to the best of my ability, so long as I remain a member thereof, abide by the Constitution and By-Laws and collective bargaining agreements of this Union; that I will acquiesce in the will of the majority, and that I will at all times, by every honorable and lawful means within my power, procure employment for the members of the International Union of Bricklayers and Allied Craftworkers.

Signature of Applicant
(MUST BE THE SAME AS PRINTED ABOVE)

Signature of Elected Local Officer

of Union No. _____ of _____
State/Province