



International Union of Bricklayers & Allied Craftworkers

Application for Journeyman 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 Active Apprentice of your Local Applying for Journeyman Status? _____
To be completed by Local

DO NOT WRITE IN SHADED AREA

Last Name			First Name			Initial		Area Code		Home Phone Number		
Address—Line 1			Address—Line 2			E-Mail Address *		Area Code		Cell Phone Number*		
City			State/Prov.		Zip Code		Canada		Local Initiation Fee			

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

Journeyman Initiation Date
Mo. Day Yr.

To be completed by Local

Social Security or Social Insurance Number

Date of Birth
Mo. Day Yr.

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		
_____			_____			_____		_____		

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