

Member Information:

1. Social Security Number _____
2. First Name _____ Init _____
3. Last Name _____
4. Mailing Address _____
5. Apt # _____
6. City _____ 8. Zip Code _____
7. Email _____
9. Phone(_____) _____
10. Mobile Phone _____
11. Registered Voter: yes no under 18
12. Married Single Dependant Children Yes / No
13. Female Male
14. Birthdate ___/___/___
15. List Previous SSN or Last Name:

Employment Information:

1. Company Name _____
2. Store # _____ Employee ID # _____
3. Hire Date _____
4. Seniority or Promotion Date _____
5. Are you available for Full Time work _____
6. Type of work performed _____ Pay Rate _____
7. Are you transferring from another Local Union or have you had previous Union affiliation? if yes,
Local # _____ Date _____
Are you on Dues Check Off: yes or no
8. Have you completed the following forms:
Dues Check Off _____ Political Check Off _____
Death Beneficiary _____ Insurance _____
Included a copy of your Social Security Card _____

The above dues, initiation and/or reinstatement fees, assessment, and the monthly payment structure have been fully explained to me. I understand I will be charged a \$10.00 administrative fee, if I choose to mail in my forms and I live within a 50 mile radius of the local union office. I understand and agree that in order to clear my financial obligation the amount below must be paid in full. **Personal checks may not be accepted for affiliation.**

I have received an explanation regarding initiation and should I wish to make my initiation fees in payments, I may sign up for the DCO program providing my company offers it. Otherwise my fees are due within 31 days of hire.

I understand that should I change to a job classification calling for a higher initiation fee, I will be billed the difference between the higher fee and the fee previously charged to me.

I further understand that should I leave covered employment and my account owing to Local 1036 is paid in full, I may be entitled to take a withdrawal card upon making request to the union.

It is understood that if I become more than two (2) calendar months in arrears for dues and/or fees, my membership shall suspend on the first day of the third month. In addition, I am subject to a reinstatement fee and payment of any outstanding fees to reaffiliate with Local 1036 and I can be removed from the work schedule for non-compliance.

I have read and fully understand the above:

Member's Signature _____ Date: _____

For Office Use:

Monthly Dues Rate _____ Department _____ Job Class _____ Hire Date _____ Affiliation Date _____

Member Type: New Regular Rein WDC Rein Susp Transfer Seniority Code: A or R

Dues: (D)	Initiation: (I)	Death Benefit: (L)	Market Dues: (M or X or Z)	Reinstatement fee: (R)	Admin Fee: (C)	Total:
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Amount tendered with this application \$ _____ Receipt # _____ By: _____

Date Entered in Computer _____ By: _____ Ins Representative: _____