

APPLICATION FOR MEMBERSHIP**In the INTERNATIONAL ASSOCIATION OF BRIDGE,
STRUCTURAL, ORNAMENTAL AND REINFORCING IRON WORKERS Affiliated with A.F.L-C.I.O.**☐ Initiation☐ Apprentice☐ Organized☐ Reinstatement☐ Journeymen

Desiring to become a member of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, I hereby make application with accompanying fee, and in consideration of my becoming a member, I willingly accept all provisions of the Constitution, including such amendments as may be hereafter adopted, and the By-Laws of the Local Unions, District Councils and other subordinate bodies of which I may be at any time a member.

Local Union No. _____ City _____ State/Province _____

Name _____

Permanent Address, Street _____

City _____ State _____ Zip Code _____ Phone No. _____

Date of Birth _____ Social Security No. _____

Are you willing to take an obligation that will not conflict with your religious belief or your duty as a citizen?

I, the undersigned, agree that, should it hereafter be discovered that I have made any misstatements as to my qualifications for membership in the Association, or that I obtained membership through fraud, false statements or otherwise, I will be debarred from all rights and benefits provided by this Association

I hereby designate the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers to act (through a Local Union or otherwise) as my sole agent and representative in all collective bargaining and other negotiations affecting me or other members of the above-named Union, whether under the operation of the National Labor Relations Act or otherwise; or in the Dominion of Canada the applicable Federal or Provincial laws.

I hereby solemnly and sincerely pledge my honor that I will without equivocation or evasion, and to the best of my ability, abide by the Constitution and By-Laws, and the particular scale of wages adopted by it; that I will abide by the will of the majority; that I will at all times, by all honorable means within my power, procure employment for members of this union; and that at all times be respectful in word and action to every person, and be considerate of widows, widowers, orphans, and the weak and defenseless; and that I will not knowingly wrong a member of this Union or see one wronged if it is my power to prevent the same. ,

I hereby agree that if I fail to pay dues and/or assessments and/or fines within six (6) months of the date when same are due and payable, my membership in this Association shall automatically be forfeited.

I have read and agree to abide by the terms and conditions as contained in the Standards of Excellence. **Initial here** (_____)

This application must be completely filled out. Failure to do so or any falsification of information will void the application or in the event membership is granted will be cause for cancellation thereof.

Date _____ Applicants Signature _____

Applicant must sign here

Place X in space opposite classification under which applicant was examined and accepted.

Signature of Business Manager, Examining Committee or
International Representative

☐ Journeyman Ironworker☐ Journeyman Structural Ironworker☐ Journeyman Rodman ☐ Welder☐ Journeyman Finisher ☐ Ship Yard Rigger☐ Journeyman Rigger, Machinery Mover, Erector☐ Other (Specify) _____

EFFECTIVE DATE OF MEMBERSHIP WILL CORRESPOND WITH THE FIRST DUES PAYMENT. THE FIRST MONTH'S DUES MUST CORRESPOND WITH THE DATE OF FEE PAYMENT. FINANCIAL SECRETARY-TREASURER MUST RECORD DATE OF PAYMENT OF FEES AND FIRST MONTH'S DUES BELOW.

EFFECTIVE DATE OF MEMBERSHIP _____

DATE FEE PAID _____ AMT. _____ DATE DUES PAID _____ AMT. _____



Name:		Email:	
Address:			
City:		State:	
		Zip Code:	
Current Employer:		Job Location:	

For Tracking Purposes

Ethnicity

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

Race

<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African-American
<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other (Specify) _____

Active Military or Veteran

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Today's Date: _____

ET _____

EFF _____

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____ M ☐ F ☐ BIRTHDATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

PHONE NUMBER: _____ ☐ HOME PHONE ☐ CELL PHONE COUNTY _____

EMAIL ADDRESS: _____

EMPLOYER: _____ LOCAL NUMBER: _____

I AM SUBMITTING THIS: ☐ TO UPDATE INFORMATION ☐ AS A NEW PARTICIPANT ☐ TO ADD FAMILY MEMBERS
☐ TO DELETE FAMILY MEMBERS, IF DELETION IS DUE TO DIVORCE GIVE DATE DIVORCE (DECREE) FINAL
 DATE OF DIVORCE (DECREE) _____
 LIST FAMILY MEMBERS DELETED _____

ARE YOU MARRIED? ☐ YES ☐ NO IF YES PLEASE GIVE DATE OF MARRIAGE _____

DO YOU OR ANY FAMILY MEMBERS HAVE ANY OTHER GROUP COVERAGE? ☐ YES ☐ NO

CARRIER OR PLAN NAME _____

ARE YOU OR ANY OF YOUR FAMILY MEMBERS ELIGIBLE FOR MEDICARE?

SELF MEDICARE ELIGIBLE: ☐ YES ☐ NO CHILD/CHILDREN MEDICARE ELIGIBLE: ☐ YES ☐ NO

LIST ALL ELIGIBLE CHILDREN

IMPORTANT: PLEASE ATTACH COPIES OF BIRTH CERTIFICATES FOR ALL DEPENDENTS.

1. NAME: _____ CHECK IF STEPCHILD ☐

LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____ SEX: ☐ M ☐ F

2. NAME: _____ CHECK IF STEPCHILD ☐

LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____ SEX: ☐ M ☐ F

3. NAME: _____ CHECK IF STEPCHILD ☐

LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____ SEX: ☐ M ☐ F

4. NAME: _____ CHECK IF STEPCHILD ☐

LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____ SEX: ☐ M ☐ F

5. NAME: _____ CHECK IF STEPCHILD ☐

LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____ SEX: ☐ M ☐ F

BENEFICIARY FOR RETIREMENT & VACATION FUNDS

1. PRIMARY BENEFICIARY: _____

RELATIONSHIP TO MEMBER:

2. CONTINGENT BENEFICIARY:

RELATIONSHIP TO MEMBER:

I HEREBY APPLY FOR MYSELF AND FAMILY FOR THE BENEFITS ISSUED BY THIS TRUST AND ANY ENDORSEMENTS THERETO.

SIGNATURE: _____ DATE: _____

**International Association of Bridge, Structural, Ornamental & Reinforcing
Iron Workers Local Union 846 & 847**

DUES CHECKOFF

I hereby authorize and direct any Employer signatory to any collective bargaining agreement with International Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers, **Local 846 or 847** for whom I work to deduct from my paycheck such amounts as may be presently or in the future authorized by the Local Union or applicable collective bargaining agreement for payment of checkoff for dues, initiation fees, administrative fees, assessments, working dues, and equivalent agency fees and my Employer shall forward said checkoff to the Local Union as required by the collective bargaining agreement.

This authorization shall be irrevocable for a period of one year, or until termination of the collective bargaining agreement in effect between the Union and the Employer, whichever is sooner. I agree that this authorization shall be automatically renewed for successive one (1) year periods or until the termination of the collective bargaining agreement, whichever is the lesser, unless I revoke it by giving written notice to my Employer and Union not more than twenty (20) and not less than ten (10) days prior to the applicable annual renewal date. I expressly agree that this authorization is independent of and not a quid pro quo for union membership, but recognizes the value of the services provided to me by the Union. It shall continue in full force and effect even if I resign my Union membership, except if properly revoked in the manner prescribed above.

Union dues and assessments are not deductible as charitable contributions for federal or state income tax purposes. Local dues may qualify as a business expense under certain circumstances consistent with any restrictions contained in the Internal Revenue Code.

This assignment has been executed on _____

Signature _____ Social Security Number _____

Print Name _____
First Last

Address _____ City State Zip Code

Telephone _____ Date of Birth _____

Authorization of Representation

I hereby authorize Ironworkers Local Union 846/847 of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers (AFL-CIO) (the "Union") to represent me for the purpose of collective bargaining in matters of wages, hours and other terms and conditions of employment with my employer named below. This authorization is non-expiring, binding and valid until such time as I revoke it in writing. By signing this Authorization, I understand that I am requesting that the Union represent me and that this card may be used to obtain voluntary recognition from my employer without an election, and/or to petition for an election with the National Labor Relations Board.

Name (print) _____ Date _____

Employee Signature _____

Employee Address _____ City _____ State _____ Zip Code _____

Employee Telephone _____ Employee Cell Phone _____ Email Address _____

Name of Employer _____

Employer Address _____ City _____ State _____ Zip Code _____

Job classification _____ Reinforcing Ironworker _____ Witness _____

IRONWORKERS'

Standards of Excellence



The purpose of the Ironworkers' Standards of Excellence is to reinforce the pride of every Ironworker and our commitment to be the most skilled, most productive and safest craft in the Building Trades.

As Union Ironworkers, we pledge ourselves to uphold our word, as given through our Collective Bargaining Agreement, and display the professionalism expected of our trade and Union in all aspects of our employment as exemplified by the values ingrained in our Standards of Excellence.

It is our commitment to use our training and skills, each and every day, to produce the highest quality work worthy of our name and consistent with the Collective Bargaining Agreement.

As an Ironworker member, I agree to:

1. Adhere to my responsibilities under the Collective Bargaining Agreement for start and quit times, as well as lunch and break times.
2. Allow my Representative to handle any disagreements or breaches by refusing to engage in unlawful job disruptions, slowdowns or any activities that affect our good name.
3. Respect the Customer's and Employer's rights, property and tools as I do my own.
4. Meet my responsibility to show up every day; outfitted for work and fit for duty without engaging in substance abuse.
5. Cooperate with the Customer and Employer to meet their statutory, regulatory and contractual responsibilities to maintain a safe, healthy and sanitary workplace.
6. Do my best to work in a manner consistent with the quality, productivity and safety of every task that I am assigned.
7. Do my best to help every co-worker return home safe at the conclusion of every shift.

The Ironworkers' Standards of Excellence will increase the pride, the productivity and the craftsmanship of every Ironworker throughout North America. This commitment will improve work place conditions, increase work opportunities, and help maintain our wages, benefits and standard of living. In addition, the Standards of Excellence will help our signatory employers complete their projects on time, on budget with no injuries or accidents.

In accordance with Article XXVI, Section 15 of the International Constitution, charges may be preferred against any member for violations of the Ironworkers' Standards of Excellence, including, but not limited to the following reasons:

- Taking a job referral and not reporting to work,
- Failing pre-employment qualifications and/or
- Discharged for excessive absenteeism.

Fines for the first offense shall be no less than \$100.00 or no more than one (1) day's pay including fringe benefits and working assessments.

I acknowledge this responsibility and pledge my word to do the same.

Signature

Social Security Number

Date

REGIONAL DISTRICT COUNCIL
FRINGE BENEFIT FUNDS

**AUTHORIZATION TO
TRANSFER CONTRIBUTIONS PURSUANT TO IRON WORKERS
INTERNATIONAL RECIPROCAL AGREEMENT**

NAME _____

PLEASE PRINT

HOME ADDRESS _____

STREET

CITY

STATE

ZIP

Telephone _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

HOME LOCAL # _____ UNION BOOK # _____

I hereby elect or not elect as indicated below, to have contributions which are paid on my behalf to the Regional District Council Fringe Benefit Funds, transferred to my Home Local fund(s). I understand that this Authorization is only valid with respect to those Home Local fund(s) that have executed agreements with the Regional District Council Fringe Benefit Funds to permit the transfer of contributions. **No contributions will be transferred for a period prior to 60 days from the date the Regional District Council Fringe Benefit Funds received a participant's authorization to transfer funds.**

☐ Elect ☐ Do Not Elect to have my HEALTH contributions remitted to my Home Local Health Fund

☐ Elect ☐ Do Not Elect to have my PENSION contributions remitted to my Home Local

Pension Fund(s). (I understand that if I have more than one Home Local Pension Fund, that contributions transferred on my behalf will be divided between my Home Local Pension Funds in the manner and percentages/amounts decided by the trustees of my Home Local Pension Funds.

I understand that the Regional District Council Fringe Benefit Funds will act solely as the agent of my Home Local fund(s) and as such, I shall be subject to the eligibility/reciprocity rules of my Home Local fund(s) upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Regional District Council Fringe Benefit Funds and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to my Home Local fund(s) may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

DATE SIGNED _____ SIGNATURE _____

A-RODMEN TRAINING CURRICULUM

Minimum requirements for experienced A-Rodmen to become Journeymen are:

COURSE NAME	COURSE HOURS
OSHA 10 or 30	10 or 30
FIRST-AID CPR	8
PT-UNBONDED COURSE	40
BASIC RIGGING & SIGNALMAN	8
FORK-LIFT QUALIFIED CARD	4
BASIC REINFORCING (TERMS AND TECHNIQUES)	16
BLUEPRINT READING	12
Fall Protection	6
TOTAL (min.)	<hr/> 104

Field Experience - Minimum 4000 Hours

A-RODMEN TO JOURNEYMEN RODMEN UPGRADES

Upon completion of the A-Rodman training curriculum listed above the candidate will be evaluated by the Union JATC and the employer. After getting a passing score that member will be advanced to Journeyman.

An A-Rodman who has not completed the A-Rodmen training curriculum listed above may Progress to Journeyman by completing 7,000 field hours as a union member and passing an evaluation by the Union JATC and the employer. New Candidates shall be evaluated by the Local 846/847 JATC and either slotted into the appropriate level of apprenticeship, or classified as a probationary, A-Rodman, or Journeyman member. A-Rodman membership qualifies as a direct entry to all apprenticeship programs. Work and Classroom experience will be credited to the student after verification.

Printed Name:_____

Date:_____

Signed:_____