

# Application for Membership USA



## 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."

APPLICATION DATE (mm/dd/yyyy)

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TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT

[PLEASE PRINT OR TYPE FULL NAME]

<input type="checkbox"/> MR	FIRST NAME		M.I.
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS			
		<input type="checkbox"/> JR	<input type="checkbox"/> III
LAST NAME			
		<input type="checkbox"/> SR	<input type="checkbox"/> IV
		<input type="checkbox"/> II	<input type="checkbox"/> V

ADDRESS (STREET & NUMBER)

		STATE	ZIP CODE+4

CITY

		STATE	ZIP CODE+4

EMAIL ADDRESS

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DATE OF BIRTH (mm/dd/yyyy)	DATE OF HIRE (mm/dd/yyyy)	SOCIAL SECURITY NO.

TELEPHONE NO.	PRESENT EMPLOYER
( ) -	

CLASSIFICATION

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<p>INDUSTRY WHERE YOU ARE EMPLOYED</p> <input type="checkbox"/> RAILROAD <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> INSIDE CONSTRUCTION & MAINTENANCE <input type="checkbox"/> OUTSIDE CONSTRUCTION & MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> TELECOMMUNICATIONS <input type="checkbox"/> BROADCASTING <input type="checkbox"/> MANUFACTURING	<p>HOW DID YOU BECOME AN I.B.E.W.® MEMBER? [SELECT ONE]</p> <input type="checkbox"/> I WAS ORGANIZED <input type="checkbox"/> I WAS ORGANIZED AS AN APPRENTICE <input type="checkbox"/> I WAS SELECTED FOR AN APPRENTICESHIP <input type="checkbox"/> I AM A NEW HIRE <input type="checkbox"/> OTHER	<p>REGISTERED VOTER?</p> <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> OTHER <input type="checkbox"/> NOT REGISTERED
<p>HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.®?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO LOCAL UNION STATE IF SO, WHERE?	<p>RACE*</p> <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC ORIGIN <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> OTHER	<p>Gender*</p> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

\* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.

**THIS PORTION TO BE FILLED IN BY L.U. FINANCIAL SECRETARY**

EMPLOYEE NUMBER (IF APPLICABLE)	INITIATION DATE (mm/dd/yyyy)	TYPE OF MEMBERSHIP
		<input type="checkbox"/> "A" <input type="checkbox"/> "BA"
INITIATION FEE PAID	INITIATION FEE DUE	CARD NUMBER
\$	\$	
PAID \$2.00 PENSION ADM. FEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF PAYMENTS MADE WITH THIS APPLICATION	LOCAL UNION



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

APPENDIX A AUTHORIZATION FOR IBEW DUES DEDUCTION

I hereby authorize my employer, the City of Ocala, to withhold from my paycheck the amount of dues required by the IBEW Local 1205, as stated in their by-laws, and transmit it to the person designated by the IBEW Local 1205, to receive it. The IBEW dues at the present time are 1.5% of my gross pay. I understand that the dues may change or fluctuate depending on the IBEW Local 1205 by-laws, and authorize my deduction to fluctuate accordingly.

I understand that I may terminate this authorization by notifying the City and IBEW Local 1205, on the approved "Revocation of IBEW Dues Deduction" form thirty (30) days in advance.

I also understand that if I terminate this authorization, I will not be able to reinstate my membership for a period of thirty (30) days.

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Printed Name

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Signature

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City Employee No.                      Date

Distribution:

City Payroll Division  
Chief Steward, IBEW Local 1205

# AUTHORIZATION FOR REPRESENTATION



I authorize Local Union No. \_\_\_\_\_ of the **International Brotherhood of Electrical Workers**, to represent me, as my National Labor Relations Act (NLRA) Section 9(a) bargaining representative, in collective bargaining with present and future employers on all present and future jobsites within the jurisdiction of the Union. This Authorization is nonexpiring, binding, and valid until such time as I submit a written revocation.

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_ Date of Authorization \_\_\_\_\_ Signature

