

Please return completed application to **IBEW Local 30, 212 West State Street, Trenton, NJ 08608** or email to [info@IBEWLocal30.org](mailto:info@IBEWLocal30.org) and submit the Dues Deduction Form simultaneously to your Payroll Section. Thank you for your support! Visit us at [www.IBEWLocal30.org](http://www.IBEWLocal30.org).

## IBEW LOCAL 30 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**

<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)

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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.	TITLE
(    )    -	

DEPARTMENT & DIVISION

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INDUSTRY WHERE YOU ARE EMPLOYED

- RAILROAD
- GOVERNMENT
- INSIDE CONSTRUCTION & MAINTENANCE
- OUTSIDE CONSTRUCTION & MAINTENANCE
- UTILITY
- TELECOMMUNICATIONS
- BROADCASTING
- MANUFACTURING

HOW DID YOU BECOME AN I.B.E.W.® MEMBER? [SELECT ONE]

- I WAS ORGANIZED
- I WAS ORGANIZED AS AN APPRENTICE
- I WAS SELECTED FOR AN APPRENTICESHIP
- I AM A NEW HIRE
- OTHER

REGISTERED VOTER?

- DEMOCRAT
- REPUBLICAN
- INDEPENDENT
- OTHER
- NOT REGISTERED

HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.®?

YES     NO    LOCAL UNION    STATE

IF SO, WHERE?   

RACE\*

- WHITE     HISPANIC ORIGIN
- BLACK     AMERICAN INDIAN
- ASIAN     PACIFIC ISLANDER
- OTHER

\* 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    \$	IO SHARE (1/2 TO \$60)    \$
PAID \$2.00 PENSION ADM. FEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		CARD NUMBER