

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 Journeyman Helmets to Hardhats

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/Province _____ Zip/Postal Code _____ Phone No. _____
Date of Birth _____ Social Security/Insurance No. _____

Are you willing to take an obligation that will not conflict with your religious belief or you 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 shal 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 _____ Applicant's Signature _____

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

Applicant must sign here.

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. _____

ONE (1) COPY TO INTERNATIONAL HEADQUARTERS ONE (1) COPY TO LOCAL UNION ONE (1) COPY TO MEMBER

*Regional Local Union No. 846
6220 Woodside Executive Court
Aiken, SC 29803*

AUTHORIZATION FOR REPRESENTATION BY

**Local Union No. _____ of the
International Association of Bridge, Structural and Ornamental Iron Workers**

I, the undersigned, an employee of _____
(Name of Company)

(City) _____ (State) _____

here affirm that I have read and understood the contents and purposes of this Authorization and of my own accord, free of any misapprehension, coercion or misrepresentation, hereby authorize and designate the above specified Local Union of the International Association of Bridge, Structural and Ornamental Iron Workers (AFL-CIO) with the authority to act as my sole and exclusive Agent and Representative for all purposes of collective bargaining with my above named Employer either as a result of a determination made by the National Labor Relations Board, by a disinterested third party or other method, and, in any case, agree that this Authorization shall constitute my personal authorization and designation of the above named Union as my exclusive bargaining Representative.

(Signature of Employee) (Date Signed)

(Print Name)

(Street Address) (Home Telephone Number)

(City) (State) (Zip) (Witness)



(This Authorization is not to be construed as an application for Union membership)

AUTORIZACION PARA SER REPRESENTADOS POR

**La Union del Local No. _____ de la
Asociación Internacional de Trabajadores del Hierro en Puentes, Estructural y Ornamental.**

Yo, el suscrito, residente en _____

(Ciudad) _____ (Estado) _____ y empleado de

(Nombre de la Compañía) _____

(Ciudad) _____ (Estado) _____

Por la presente afirmo que he leído y entendido el contenido y los propósitos de esta Autorización y de mi propia voluntad, libre de cualquier malentendido, coerción y mala interpretación, por la presente autorizo a la Union del Local de arriba especificado de la Asociación Internacional de Trabajadores del Hierro en Puentes, Estructural y Ornamental (AFL-CIO) de tener todo el derecho de representarme, como el Agente y Representante único y exclusivo, en capacidad completa, en negociaciones colectivas con el previamente especifico patron, o como resultado de una determinación hecha por el Consejo Nacional de Relaciones Laborales o por otro método de una tercera persona desinteresada y, en cualquiera de estos dos casos, estoy de acuerdo de que esta Autorización constituirá cualquier autorización y designación personal por parte del sindicato previamente nombrado como mi representante de negociaciones exclusivo.

Fecha firmada _____ Ponga su Nombre _____

(Firma del Empleado) _____ Testigo: _____

(Número de Teléfono Residencial) _____



(Esta Autorización no se debe interpretar como una solicitud de asociación al sindicato)

**International Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers
Local Union No. 846**

DUES CHECKOFF

I hereby authorize and direct such Employer signatory to any collective bargaining agreement with International Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers, Local 846 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 collective bargaining agreement for payment of checkoff for dues, assessments and working dues 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; and I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of any subsequent agreement between my Employer and the Union, whichever occurs sooner. This checkoff shall continue in existence and effect irrespective of my membership in the Union.

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 this _____ day of _____ 20_____.

PAGOS POR DEDUCTION AUTOMATICA

Yo por la presente autorizo a dicho empleador signatario a cualquier acuerdo de negociacion colectiva con International Association of Bridge, Structural, Ornamental, Reinforcing Iron Workers, Local 846 para quien yo trabajo, que deduscan de mi cheque de pago dichas cantidades que pueden haber actualmente o en el futuro autorizadas por la Union Local o por el acuerdo de negociacion colectiva para pago por deduccion automatica por las cuotas de derechos y cuotas de trabajos y mi empleador debe enviar dicha deduccion automatica a la Union Local como es requerido en el acuerdo de negociacion colectiva.

Esta autorizacion sera irrevocable por el periodo de 1 ano o hasta la terminacion del acuerdo de negociacion colectiva en efecto entre la Union y mi empleador , lo que suceda primero; y Yo acepto que esta autorizacion sea renovada automaticamente y sea irrevocable por el periodo consecutivo de 1 ano, o por el periodo de cualquier acuerdo subsiguiente entre mi empleador y la Union, lo que suceda primero. Esta deduccion de pago automatica debe continuar vigente y en efecto a pesar de mi asociacion con la Union.

Las cuotas y los derechos de la Union no son deducibles como contribuciones caritativas con respecto a los impuestos Federales o Estatales. Las cuotas locales pueden calificar como gastos de negocio bajo ciertas circunstancias consistentes con cualquier restriccion contenida en el codigo de Rentas Internas.

Este trabajo fue ejecutado este día _____ del mes de _____ 20_____.

Signature(Firma): _____ Social Security(Seguro Social): _____ / _____ / _____

Print Name(Nombre Escrito): _____
First (Nombre) Last (Apellido)

Address (Direccion): _____ City(Ciudad): _____ State (Estado): _____ Zip (Codigo Postal): _____

Telephone (Telefono): (_____) _____ - _____ Date of Birth (Fecha de Nacimiento): _____ / _____ / _____

*Regional Local Union No. 846
6220 Woodside Executive Court
Aiken, SC 29803*



REGIONAL DISTRICT COUNCIL FRINGE BENEFITS FUNDS

PO BOX 4148, PORTLAND, OREGON 97208
PHONE 800-846-0611

New TR 80 FOR OFFICE USE ONLY

ET _____

EFF _____

PLEASE PRINT

EMPLOYEE NAME: _____
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ M F BIRTHDATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE

CELL PHONE

NUMBER: _____ 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 _____

LIST ALL ELIGIBLE CHILDREN

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

1. NAME: _____ CHECK IF STEPCCHILD:
LAST NAME, FIRST NAME, MIDDLE INITIAL

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

2. NAME: _____ CHECK IF STEPCCHILD:
LAST NAME, FIRST NAME, MIDDLE INITIAL

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

3. NAME: _____ CHECK IF STEPCCHILD:
LAST NAME, FIRST NAME, MIDDLE INITIAL

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

4. NAME: _____ CHECK IF STEPCCHILD:
LAST NAME, FIRST NAME, MIDDLE INITIAL

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

5. NAME: _____ CHECK IF STEPCCHILD:
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 AGREE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL STATEMENTS AND ANSWERS TO THE QUESTIONS IN THIS ENROLLMENT/BENEFICIARY DESIGNATION FORM ARE COMPLETE AND TRUE AND AGREE THAT THEY WILL BE THE BASIS OF ANY BENEFIT COVERAGE.

© 2,500 8/15

SIGNATURE: _____ DATE: _____

REGIONAL DISTRICT COUNCIL FRINGE BENEFITS FUNDS

PO BOX 4148, PORTLAND, OREGON 97208
PHONE 800-846-0611

New TR 80 FOR OFFICE USE ONLY

ET _____

EFF _____

NOMBRE DEL EMPLEADO: _____
APELLIDO, NOMBRE, INICIAL

NÚMERO DE SEGURO SOCIAL: _____ M F FECHA DE NACIMIENTO: _____

DIRECCIÓN DE CORREO: _____

CIUDAD: _____ ESTADO: _____ CÓDIGO postal: _____

TELEFONO DE CASA

CELULAR

NÚMERO: _____

DIRECCIÓN DE CORREO ELECTRÓNICO: _____

EMPLEADOR: _____ LOCAL NUMBER: _____

ME PRESENTO ESTA:

PARA ACTUALIZAR LA INFORMACIÓN COMO NUEVO PARTICIPANTE

PARA AGREGAR MIEMBROS DE LA FAMILIA

PARA ELIMINAR LOS MIEMBROS DE LA FAMILIA, SI SUPRESIÓN ES DEBIDO AL DIVORCIO DAR FECHA DE DIVORCIO (DECRETO) FINAL

FECHA DE DIVORCIO _____

MIEMBROS DE LA FAMILIA LISTA ELIMINADO _____

ESTÁS CASADO? SI NO SI ES ASÍ, POR FAVOR DAR FECHA DE MATRIMONIO: _____

USTED O ALGÚN FAMILIAR TIENE ALGUNA OTRA COBERTURA DE GRUPO? SI NO

COMPANIA O NOMBRE DEL PLAN _____

LISTA DE LOS NIÑOS TODO ELEGIBLES

IMPORTANTE: SÍRVASE FACILITAR COPIAS DE CERTIFICADOS DE NACIMIENTO PARA TODOS LOS DEPENDIENTES.

1. NOMBRE: _____ MARCAR SI ES HIJASTRO:
APELLIDO, NOMBRE, INICIAL

NÚMERO DE SEGURO SOCIAL: _____ FECHA DE NACIMIENTO: _____ SEXO: M F

2. NOMBRE: _____ MARCAR SI ES HIJASTRO:
APELLIDO, NOMBRE, INICIAL

NÚMERO DE SEGURO SOCIAL: _____ FECHA DE NACIMIENTO: _____ SEXO: M F

3. NOMBRE: _____ MARCAR SI ES HIJASTRO:
APELLIDO, NOMBRE, INICIAL

NÚMERO DE SEGURO SOCIAL: _____ FECHA DE NACIMIENTO: _____ SEXO: M F

4. NOMBRE: _____ MARCAR SI ES HIJASTRO:
APELLIDO, NOMBRE, INICIAL

NÚMERO DE SEGURO SOCIAL: _____ FECHA DE NACIMIENTO: _____ SEXO: M F

5. NOMBRE: _____ MARCAR SI ES HIJASTRO:
APELLIDO, NOMBRE, INICIAL

NÚMERO DE SEGURO SOCIAL: _____ FECHA DE NACIMIENTO: _____ SEXO: M F

BENEFICIARIOS PARA FONDOS DE RETIRO Y VACACIONES

1. BENEFICIARIO PRIMARIO: _____

RELACIÓN CON MIEMBROS: _____

2. BENEFICIARIO CONTINGENTE: _____

RELACIÓN CON MIEMBROS: _____

ESTOY DE ACUERDO QUE, EN EL MEJOR DE MI CONOCIMIENTO Y CREENCIA, TODAS LAS DECLARACIONES Y RESPUESTAS A LAS PREGUNTAS EN ESTE FORMULARIO DESIGNACIÓN DE INSCRIPCIÓN / BENEFICIARIO SON COMPLETOS Y VERDADERO Y ESTOY DE ACUERDO QUE SERÁ LA BASE DE CUALQUIER COBERTURA DE BENEFICIOS.

 7
2,500 6/16

FIRMA DEL SOLICITANTE: _____ FECHA: _____

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: _____ SS#: _____ DOB: _____
SOCIAL SECURITY NUMBER DATE OF BIRTH

HOME LOCAL #: _____ UNION BOOK #: _____

I hereby elect or do 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: _____
(DO NOT PRINT)

COMPLETED RECIPROCAL FORMS MUST BE RETURNED TO THE FUND OFFICE AT:

Regional District Council Fringe Benefit Funds
c/o William C. Earhart Company, Inc.
P.O. Box 4148 • Portland, Oregon 97208
Toll Free (800) 846-0611 • Fax: (503) 284-9386

PLEASE KEEP A COPY FOR YOURSELF AND A COPY TO BE SENT TO YOUR HOME LOCAL FUND ADMINISTRATOR

A-RODMEN TRAINING CURRICULUM

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

<u>COURSE</u>	<u>HOURS</u>
UNION IRONWORKER ORIENTATION	10
OSHA 10 or 30	10 or 30
FIRST-AID CPR	8
PT-UNBONDED COURSE	40
RIGGING QUALIFIED CARD	40
FORK-LIFT QUALIFIED CARD	8
BASIC REINFORCING (TERMS AND TECHNIQUES)	40
BLUEPRINT READING	16
TOTAL (min.)	172

Field Experience - Minimum 4000 Hours

A-RODMEN TO JOURNEYMEN RODMEN UPGRADES

The Local 846/847 JATC will evaluate any employee listed as A-Rodmen in accordance with the procedures for granting of credit for previous experience. No A-Rodmen will be able to progress without first fulfilling the minimum A-Rodmen training curriculum listed above.

Under the Local 846/847 JATC evaluation process they will also be able to slot the A-Rodmen into the appropriate level of the apprenticeship program.

A-Rodman membership qualifies as a direct entry to all apprenticeship programs. Work and classroom experience will be credited to the student after verification.

I have read and understand the above requirements and agree to work toward fulfilling them by attending and completing classes for at least one subject of the above list per quarter to show interest in continuing membership and employment thru this association.

Printed Name: _____

Date: _____

Signed: _____

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 engrained in our Standards of Excellence.

It is a 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 Iron Worker 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 Representatives 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 of the International Constitution, charges may be preferred against any member for violations of the Ironworkers' Standard of Excellence, including but not limited to the following reasons:

- Taking a job referral and not reporting to work.
- Failing pre-employment qualifications.
- 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 / Insurance Number

Date