



**International Union of Operating Engineers, Craft and Maintenance Unit 12  
State of California Locals 3, 39, 501, AFL-CIO  
Membership Application**

Please Print

Name: \_\_\_\_\_ Home Phone : ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_ Personal Mobile: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Employer: State of California

Department: \_\_\_\_\_ Job Classification: \_\_\_\_\_ Class Code: \_\_\_\_\_

Work Site Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby make application to become a member of the appropriate Operating Engineers Local 3, 39, 501 Craft and Maintenance, State of California, Unit 12. If accepted I agree: That I will remain a member unless expelled; that I will abide by the constitution of the International Union, the by-laws of the local union; that I will not violate any rules, contracts or agreements which are in effect or negotiated on my behalf. I designate and authorize the Union to act as my representative with respect to wages, hours and other conditions of employment with the State of California, and in the presentation of disputes or grievances should they arise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form M 08/16

**Please Print**

\_\_\_\_\_  
Last Name First Name  
  
088-057 \_\_\_\_\_  
DED / ORG CODE Social Security Number

**International Union of Operating Engineers,  
Craft and Maintenance, Unit 12  
State of California Locals 3, 39, 501, AFL-CIO**

I hereby authorize the State Controller to deduct from my salary and transmit as designated, an amount for membership dues and any benefit program for which I have applied that is sponsored by the above employee organization, agency, or credit union.

This authorization will remain in effect until canceled by myself or by the organization, agency, or credit union.

I certify I am a member of the above organization, agency or credit union and understand that termination of membership will cancel all deductions made under this authorization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Insurance Card**

I understand that I am enrolling in the basic \$3,000\* life insurance and \$3,000\* accidental death and dismemberment insurance, at NO cost to me, provided through my membership in the International Union of Operating Engineers.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Your Beneficiary Name (First & Last)

Relationship: \_\_\_\_\_

\* I am informed and understand that this insurance policy covers only active employees, not retirees, and that the benefit amounts payable under this policy are reduced after the insured member turns 65, per the "Age Reduction Schedule" set forth in the "Schedule of Benefits" section of the insurance policy, a link to which is available at <http://www.iuoestateunit12.org/benefits.html>.

Mail completed membership application to:

IUOE State Unit 12  
1620 N. Market Blvd  
Sacramento, CA 95834