



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

Membership Application

Please Print

Name: _____ Home Phone: () _____

Home Address: _____ Mobile Phone: () _____

City: _____ State: _____ Zip: _____ E-mail: _____

Social Security Number: _____ Birth Date: _____ Employer: State of California

Department: _____ Job Classification: _____

Work Site Address: _____

City: _____ Zip: _____ Work Phone: () _____

Recruiter Name: _____ Recruiter Number: _____

I hereby make application to become a member of the appropriate Operating Engineers Local 3, 39, 501 Craft Maintenance Division, 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 12/17

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

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.

CHECK OFF AUTHORIZATION

Last Name First Name

088-057 _____
DED / ORG CODE Social Security Number

In exchange for obtaining the benefit of exclusive representation by either IUOE Stationary Engineers Local 3, 39, or 501 (the Union), I authorize the State Controller to deduct from my wages all union dues and other fees and assessments as shall be certified by the Union. This authorization is irrevocable for a period of one year and year-to-year thereafter regardless of my membership status, unless not less than thirty (30) days and not more than forty five (45) days prior to the anniversary date of this authorization or the termination of the contract between my employer and the Union, whichever comes first. I will notify the Union and my employer in writing, with my valid signature, of my desire to revoke this authorization. The Union is authorized to use this authorization with the State Controller.

Signature Date

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.

Mail completed membership application to:

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