



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

Membership Application

Please Print

Name: _____ Phone: Home: (____) _____

Home Address: _____ Work: (____) _____

City: _____ State: _____ Zip: _____

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, 12, 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 3-97

Please Print

Insurance Card

Last Name First Name

088-057 _____
DED / ORG CODE Social Security Number

**International Union of Operating Engineers
Craft Maintenance Division
State of California Locals 3, 12, 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.

Signed: _____

Date: _____

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: