

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

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.

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

 Signature
 Date: _____

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.

 Name

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

 Address

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.

 City State Zip

Signed: _____

 Date of Birth Social Security Number

Date: _____

 Your Beneficiary Name (First & Last)

 Relationship: _____