



Local Union #45
International Brotherhood of Electrical Workers
Broadcast • Television • Recording Engineers

APPLICANT'S RECORD

Date of Application _____/_____/_____

Name: _____

Address: _____ City/State/Zip: _____

Phone Number(s): (_____) _____ (_____) _____
Home# Cell

Email: _____

Birth Date: _____ U.S. Citizen: YES NO
(Month/Day/Year) [] []

Social Security Number: _____ - _____ - _____

Current Employer(s): _____
List all employers you have worked for that require I.B.E.W. membership (include TV station call letters)

Job Title/Description _____
Please list your primary job title(s), i.e Camera Operator, Audio Tech., Editor, Stage Manager, Electronic Tech. etc.

Start Date: _____ (Month, Day & Year of your first day of employment in I.B.E.W. jurisdiction)

Were you hired as a:
(Please check all categories that apply)

Staff Employee [] Non-Staff/Freelance/Casual/ Employee [] Temporary Employee []

Full Time [] Part-time [] Other: _____
(Please describe your employment status)

Wage Rate: \$ _____ Number of Hours Worked or Currently Working Per Week: _____
(Please indicate hourly, daily or weekly pay rate)

Have you ever been a member of any union? YES [] NO []

If "Yes" list the Locals/Guilds below:

_____ Are you still a member? [] Yes [] No
(Labors Unions or Guilds you currently or previously were affiliated with)

If you are a member of another I.B.E.W. Local please provide:

CARD# _____ DUES PAID THROUGH DATE _____ INITIATION DATE _____

Please make check or money order payable to:
Local Union #45, I.B.E.W
6350 Laurel Canyon Blvd, Suite 350
North Hollywood, CA 91606

Note: The required Initiation Fee must be returned with this form (Applicants Record) & completed Obligation of IBEW and W-9 forms.

FOR OFFICE USE ONLY
Amt Rec: \$ _____
Bal. Due: \$ _____

Application for Membership USA



OBLIGATION OF I.B.E.W.®

"I, the undersigned, in the presence of members of the International Brotherhood of Electrical Workers®, promise and agree to conform to and abide by the Constitution and laws of the I.B.E.W.® and its Local Unions. I will further the purposes for which the I.B.E.W.® is instituted. I will bear true allegiance to it and will not sacrifice its interest in any manner."

APPLICATION DATE (mm/dd/yyyy)

Grid for application date

SIGN HERE

TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT

MR MS MRS FIRST NAME [PLEASE PRINT OR TYPE FULL NAME] M.I. JR III

LAST NAME SR IV II V

ADDRESS (STREET & NUMBER)

CITY STATE ZIP CODE+4

EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yyyy) DATE OF HIRE (mm/dd/yyyy) SOCIAL SECURITY NO.

TELEPHONE NO. PRESENT EMPLOYER

CLASSIFICATION

INDUSTRY WHERE YOU ARE EMPLOYED
RAILROAD
GOVERNMENT
INSIDE CONSTRUCTION & MAINTENANCE
OUTSIDE CONSTRUCTION & MAINTENANCE
UTILITY
TELECOMMUNICATIONS
BROADCASTING
MANUFACTURING

HOW DID YOU BECOME AN I.B.E.W.® MEMBER? [SELECT ONE]
I WAS ORGANIZED
I WAS ORGANIZED AS AN APPRENTICE
I WAS SELECTED FOR AN APPRENTICESHIP
I AM A NEW HIRE
OTHER

REGISTERED VOTER?
DEMOCRAT
REPUBLICAN
INDEPENDENT
OTHER
NOT REGISTERED
Gender*
MALE
FEMALE

HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.®?
YES NO
LOCAL UNION STATE
IF SO, WHERE?

RACE*
WHITE HISPANIC ORIGIN
BLACK AMERICAN INDIAN
ASIAN PACIFIC ISLANDER
OTHER
* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.

THIS PORTION TO BE FILLED IN BY L.U. FINANCIAL SECRETARY

EMPLOYEE NUMBER (IF APPLICABLE) INITIATION DATE (mm/dd/yyyy) TYPE OF MEMBERSHIP "A" "BA"
INITIATION FEE PAID INITIATION FEE DUE IO SHARE (1/2 TO \$60) CARD NUMBER

PAID \$2.00 PENSION ADM. FEE? YES NO NUMBER OF PAYMENTS MADE WITH THIS APPLICATION LOCAL UNION

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,