



# Application For Membership UBC Local 1325

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Unit
Street
City
Province
Postal Code

Email \_\_\_\_\_ Phone No \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month
Day
Year
 Canadian Citizen
 Permanent Resident
 Work Permit
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiry Date
Month
Day
Year

Previous application  Yes  No If Ex-Member Union ID \_\_\_\_\_

If Parent in this Union, their Name & Union ID \_\_\_\_\_

Armed Forces Service No \_\_\_\_\_ Helmets to Hardhats ID No \_\_\_\_\_

<b>CARPENTRY</b>	JOURNEYMAN <input type="checkbox"/> Yes	<input type="checkbox"/> Ticketed	<input type="checkbox"/> Red Seal	<input type="checkbox"/> Indentured
Ticket No or Apprentice ID _____		Apprentice: <input type="checkbox"/> 1 <sup>st</sup> Yr <input type="checkbox"/> 2 <sup>nd</sup> Yr <input type="checkbox"/> 3 <sup>rd</sup> Yr <input type="checkbox"/> 4 <sup>th</sup> Yr		
Formwork: _____ Years		Framing: _____ Years		Finishing: _____ Years
<b>SCAFFOLDING</b>	JOURNEYMAN <input type="checkbox"/> Yes	Apprentice: <input type="checkbox"/> 1 <sup>st</sup> Yr <input type="checkbox"/> 2 <sup>nd</sup> Yr <input type="checkbox"/> 3 <sup>rd</sup> Yr		
Training Facility _____				
<b>FLOORCOVERING</b>	JOURNEYMAN <input type="checkbox"/> Yes	<input type="checkbox"/> Ticketed	<input type="checkbox"/> Red Seal	<input type="checkbox"/> Indentured
Ticket No or Apprentice ID _____		Apprentice: <input type="checkbox"/> 1 <sup>st</sup> Yr <input type="checkbox"/> 2 <sup>nd</sup> Yr		
<b>LATHER (I.S.M.)</b>	JOURNEYMAN <input type="checkbox"/> Yes	<input type="checkbox"/> Ticketed	<input type="checkbox"/> Red Seal	<input type="checkbox"/> Indentured
Ticket No or Apprentice ID _____		Apprentice: <input type="checkbox"/> 1 <sup>st</sup> Yr <input type="checkbox"/> 2 <sup>nd</sup> Yr <input type="checkbox"/> 3 <sup>rd</sup> Yr		
<b>ROOFING</b>	JOURNEYMAN <input type="checkbox"/> Yes	Apprentice: <input type="checkbox"/> 1 <sup>st</sup> Yr <input type="checkbox"/> 2 <sup>nd</sup> Yr <input type="checkbox"/> 3 <sup>rd</sup> Yr		

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Pay Rate \_\_\_\_\_

Are you a member of another Union?  Yes  No Union \_\_\_\_\_

Are you prepared to abide by the constitution and laws of this Trade Union?  Yes  No  
 Are you in good physical condition? Able to lift over 50lbs (23kg), climb, and do repetitive motion?  Yes  No  
 Are you able to work at heights exceeding 300 feet?  Yes  No

Date \_\_\_\_\_

Signature \_\_\_\_\_



# Records of Employment Request

Attention: SERVICE CANADA

PH:506-548-7149

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SOCIAL INSURANCE NUMBER: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

UBC MEMBER ID: \_\_\_\_\_ LOCAL: \_\_\_\_\_

BIRTH DATE: month: \_\_\_\_\_ day: \_\_\_\_\_ year: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

I, (SIGNATURE HERE) \_\_\_\_\_, give my full consent and authorization to the United Brotherhood of Carpenters and Allied Workers, Local Union 1325, in Edmonton, Alberta, to obtain copies of my Records of Employment from 2011 to and including 2021.

I understand that my Records of Employment will be used to prove my Hours of Experience as a Carpenter and/or a Scaffolder so that the UBCJA Local 1325 may determine my trade status within the Local Union.

I, (SIGNATURE HERE) \_\_\_\_\_, give my full consent and authorization to Service Canada to release and send copies of my Records of Employment for the above mentioned years to:

**ARCCAW**  
**#133 15210 123 Ave**  
**Edmonton, AB T5V 0A3**  
**Email:eminnock@albertacarpenters.com**  
**FAX: 780-477-7143**

Attention: Edel Minnock 780-471-3200 Ext. 2100