



## UBCJA LOCAL 1325 Application for Membership

<b>First Name:</b> <b>Middle Name:</b>	<b>Last Name:</b>
<b>Address:</b>	Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Permit <input type="checkbox"/> Expiry Date: ____/____/20____
<b>Email Address:</b>	<b>Phone Number:</b>
<b>Date of Birth:</b>	Previous Application: Yes <input type="checkbox"/> No <input type="checkbox"/> If Ex-member Union ID# _____
<b>If Parent is in this Union, their Name &amp; Union ID:</b>	Armed Forces Service # _____ Helmets to Hardhats Id # _____
<b>CARPENTRY</b> <b>JOURNEYMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> Ticketed <input type="checkbox"/> Red Seal <input type="checkbox"/> Indentured Ticket No or Apprentice ID _____      Apprenticeship: <input type="checkbox"/> 1st Yr <input type="checkbox"/> 2nd Yr <input type="checkbox"/> 3rd Yr <input type="checkbox"/> 4th Yr Formwork: _____ Years; Framing: _____ Years; Finishing: _____ Years	
<b>SCAFFOLDING</b> <b>JOURNEYMAN</b> <input type="checkbox"/> Yes      Apprenticeship: <input type="checkbox"/> 1st Yr <input type="checkbox"/> 2nd Yr <input type="checkbox"/> 3rd Yr <input type="checkbox"/> 4th Yr Training Facility _____	
<b>FLOORCOVERING</b> <b>JOURNEYMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> Ticketed <input type="checkbox"/> Red Seal <input type="checkbox"/> Indentured Ticket No or Apprentice ID _____      Apprenticeship: <input type="checkbox"/> 1st Yr <input type="checkbox"/> 2nd Yr	
<b>Lather (I.S.M.)</b> <b>JOURNEYMAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> Ticketed <input type="checkbox"/> Red Seal <input type="checkbox"/> Indentured Ticket No or Apprentice ID _____      Apprenticeship: <input type="checkbox"/> 1st Yr <input type="checkbox"/> 2nd Yr <input type="checkbox"/> 3rd Yr	
<b>Roofing</b> <b>JOURNEYMAN</b> <input type="checkbox"/> Yes      Apprenticeship: <input type="checkbox"/> 1st Yr <input type="checkbox"/> 2nd Yr <input type="checkbox"/> 3rd 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 \_\_\_\_\_



## UBCJA LOCAL 1325

### Records of Employment Request

Attention: SERVICE CANADA

Ph: 506.548.7149

Social Insurance Number:	UBC Member ID:
First Name:	Last Name:
Current Address:	
Email Address:	Phone Number:

I, *(SIGNATURE HERE)* \_\_\_\_\_, *(manual signature only, please do not type your name 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 2012 to and including 2022.

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)* \_\_\_\_\_, *(manual signature only, please do not type your name 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**

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

[eminnock@albertacarpenters.com](mailto:eminnock@albertacarpenters.com)