



UBCJA LOCAL 2103

Application for Membership

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



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Records of Employment Request

Attention: SERVICE CANADA

Ph: 506.548.7149

Social Insurance Number:	
UBC Member ID:	Current Employer:
Ex- Member: Y/N	Current Local:
First Name:	Last Name:
Address:	
Email Address:	Phone Number:

I, (*SIGNATURE HERE*) _____, give my full consent and authorization to the United Brotherhood of Carpenters and Allied Workers, Local Union 2103, 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 2103 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;

2626 23 Street NE

Calgary, AB, T2E 8L2

Attention: Rose-Anne Bouffard430-283-0747 Ext. 5221

rbouffard@albertacarpenters.com