



**Edmonton Region: UBCJA LOCAL 1325 Application for Membership**

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

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Are you a member of any 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  
 Do you have a resume attached?  Yes  No  
 Do you have your driver's licence attached?  Yes  No

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Submit completed application via email to:** [Infoyeg@ubcja.ca](mailto:Infoyeg@ubcja.ca)