



Fort McMurray UBCJA LOCAL 1325 Application for Membership

First Name:	Last Name:
Address:	Canadian Citizen <input type="checkbox"/>
Do you have a current Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>
Is it GDL? Yes <input type="checkbox"/> No <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 Parent is in this Union, their Name & Union ID:	If Ex-member 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 № 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	
SCAFFOLDING JOURNEYMAN <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 _____	
FLOORCOVERING JOURNEYMAN <input type="checkbox"/> Yes <input type="checkbox"/> Ticketed <input type="checkbox"/> Red Seal <input type="checkbox"/> Indentured Ticket № or Apprentice ID _____ Apprenticeship: <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 № or Apprentice ID _____ Apprenticeship: <input type="checkbox"/> 1st Yr <input type="checkbox"/> 2nd Yr <input type="checkbox"/> 3rd Yr	
Roofing JOURNEYMAN <input type="checkbox"/> Yes Apprenticeship: <input type="checkbox"/> 1st Yr <input type="checkbox"/> 2nd Yr <input type="checkbox"/> 3rd Yr	

Present Employer: _____ Position: _____

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

Do you have a Resume attached? Yes No

Do you have your Driver's License attached? Yes No

Date _____ Signature _____

Submit via email: Infoymm@ubcja.ca