



**Fort McMurray 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>Work Permit</b> <input type="checkbox"/> <b>Expiry Date:</b> ____ / ____ /20 ____
<b>Do you have a current Drivers License?</b> <b>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>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 № 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 № 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 № 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: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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: [Infoymm@ubcja.ca](mailto:Infoymm@ubcja.ca)