

**United Brotherhood of Carpenters and Joiners of America
Membership Application**

1) Local/Affiliate: _____ 2) Social Security Number/SIN: _____

3) _____
Last Name Sr,Jr First Name M Nickname

4) _____
Address City State/Province Zip/Postal Country

5) _____ 6) _____
Telephone Date of Birth (MM/DD/YYYY)

7) Classification: Applicant Pre-apprentice Apprentice Member

8) Craft: [Choose an item \(click here\).](#)

9) _____
Home Phone Cellphone Fax

_____ E-Mail

Other phone

Obligation

I do, of my own free will and accord, solemnly and sincerely promise, on my sacred honor, that I will never reveal by word or deed any of the business of this United Brotherhood unless legally authorized to do so. I promise to abide by the Constitution and Laws, and the will of the majority, observe the By-Laws and Trade Rules established by Local Unions and Councils affiliated with the Brotherhood and that I will use every honorable means to procure employment for brother and sister members. I agree that I will ask for the Union label and purchase union-made goods and employ only union labor, when same can be had. And I further agree that if, at any time, it should be discovered that I have made misstatements as to my qualifications for membership – I shall be forever debarred from membership and donations in this order. I pledge myself to be obedient to authority, orderly in the meetings, respectful in words and actions and charitable in judgement of my brother and sister members. To all of this I promise and pledge my most sacred word and honor to observe and keep, and the same to bind to me, as long as I remain a member of this Brotherhood. And I further affirm and declare that I am not now affiliated with, and never will join or give aid, comfort or support to any organization that tries to disrupt any Local Union, District Council, Regional Council, State or Provincial Council or the International Body of the United Brotherhood of Carpenters and Joiners of America.

Being admitted to membership, I agree to be bound by the above Obligation of the United Brotherhood of Carpenters and Joiners of America, which I have read. I further agree that if it is found at any time that I have made false statements of any kind on this application that my membership shall be declared void and all monies paid by me shall be forfeited.

Signature of Applicant Date (MM/DD/YYYY)

This application must be signed and dated by the applicant after being fully completed, then sent promptly to the General Office by the Financial Secretary.

For Office Use Only:

Initiation Date _____ Initiation Fee Paid _____ Tax Schedule _____ UBC ID _____

Date to Journeyman _____ Supplemental Dues Yes No Authorized Collective Bargaining Yes No

Prior Member Yes No If Yes Prior Local _____ CLIC Donation Yes No

(Voluntary) Political Affiliation _____



PACIFIC NORTHWEST REGIONAL COUNCIL OF CARPENTERS AUTHORIZATION FOR BARGAINING

I hereby authorize the United Brotherhood of Carpenters and Joiners of America (hereinafter the "International") and/or its affiliated, Pacific Northwest Regional Council of Carpenters, to act as my collective bargaining agent for purposes of negotiating my wages, hours, terms and conditions of employment. This authorization applies to my present and to any future employer engaged in Carpentry work (including all Schedule "A" work classification of the Carpenter trade) to be performed within the territorial jurisdiction of the Pacific Northwest Regional Council of Carpenters. With respect to Carpentry work to be performed outside the territorial jurisdiction of the Pacific Northwest Regional Council of Carpenters, I authorize the International and/or its affiliated Regional Council having territorial jurisdiction over such area to act as my collective bargaining representative.

This authorization can be disclosed to my Employer or to a third person for purposes of cross-checking against payroll records in order to verify the Union's majority status under Section 9 of the National Labor Relations Act. If the Union so desires it can submit this card to the National Labor Relations Board (NLRB) for the purpose of obtaining an NLRB certification election.

This authorization shall remain in full force and effect until cancelled by written notice to the Union.

Signature _____ Date _____

Print Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Phone _____ Employer _____





Washington Interior Exterior Systems

LOCAL UNION 41

231 Burnett Avenue North, Suite B

Renton WA 98057

TODAYS DATE _____

NAME _____

ADDRESS _____

PHONE () ____-____ MOBILE () ____-____

BIRTHDATE ___/___/____ SEX: () MALE () FEMALE

CLASSIFICATION APPLYING FOR:

() JOURNEYMAN () APPRENTICE () UTILITY WORKER

HAVE YOU EVER HELD UNION MEMBERSHIP? YES/NO

IF YES, WHAT TRADE? _____

GRADUATED TRADE SCHOOL/PRE-APPRENTICESHIP? YES/NO

IF YES, WHERE? _____

MILITARY VETERAN? YES/NO

EMPLOYMENT HISTORY: PLEASE PROVIDE PAY STUBS AND/OR HOURS REPORT FROM WORKSOURCE.

COMPANY NAME AND CITY _____

FROM: ___/___ TO: ___/___

SUPERVISOR: _____ PHONE: _____

TYPE OF WORK: _____

WAGE: _____

COMPANY NAME AND CITY _____

FROM: ___/___ TO: ___/___

SUPERVISOR: _____ PHONE: _____

TYPE OF WORK: _____

WAGE: _____

COMPANY NAME AND CITY _____

FROM: ___/___ TO: ___/___

SUPERVISOR: _____ PHONE: _____

TYPE OF WORK: _____

WAGE: _____

-----office use only-----

REVIEWED BY: _____ DATE: _____

COMMENTS:

- Check ✓ here. I am:**
 Journeyman carpenter
 Apprentice carpenter
 Term _____
 Utility Worker
 Level _____



Pacific Northwest Regional Council of Carpenters
EIS READY-TO-WORK LIST QUESTIONNAIRE

For Exterior/Interior Systems (EIS) Carpenters
 Interior Systems Central Dispatch: 1-800-953-6444 or 253-945-8830
 Fax: 253-945-8875 • Email: dispatch@nwcarpenters.org

Send to: **Dispatch, PNWRCC, 25120 Pacific Hwy S, Ste 200, Kent, WA 98032**
PLEASE PRINT LEGIBLY!

Name _____ UBC ID# _____ UBC Local # _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____ Phone # _____
(Please include area code.)

Email _____ Phone # _____
(Please include area code.)

Ethnicity (Optional): Asian Hispanic or Latino White Black or African American
 Native American or Alaska Native Other _____

Check ✓ here if you ONLY work in one of the following: Scaffolding ONLY (115) Residential ONLY (108)

YOU ARE SKILLED/QUALIFIED TO ACCEPT WORK IN THESE SKILLS:

(Mark with a check ✓ below.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Acoustical/Suspended Ceiling (230) | <input type="checkbox"/> Insulation (202) | <input type="checkbox"/> Tool/Mech Taper (331) |
| <input type="checkbox"/> Carpet Floors (205) | <input type="checkbox"/> Laminate Wood Flooring (213) | <input type="checkbox"/> Total Station (133) |
| <input type="checkbox"/> Cleanroom (176) | <input type="checkbox"/> Lather (217) | <input type="checkbox"/> Transit Theodolite (224) |
| <input type="checkbox"/> Door Hardware (129) | <input type="checkbox"/> Layout from Prints (219) | <input type="checkbox"/> Welder (127) |
| <input type="checkbox"/> Drywall/Sheetrock Hanger (204) | <input type="checkbox"/> Metal Stud Framing (206) | <input type="checkbox"/> Will work with Heights (116) |
| <input type="checkbox"/> Drywall/Sheetrock Taper (209) | <input type="checkbox"/> Residential (125) | |
| <input type="checkbox"/> Hand Taper (316) | <input type="checkbox"/> Resilient Flooring(231) | |
| <input type="checkbox"/> Hand Texture (318) | <input type="checkbox"/> Solid Wood Flooring (182) | |
| <input type="checkbox"/> Foreman (114) | <input type="checkbox"/> Texture Spray (329) | |

Check ✓ the areas where you are willing to work. Refer to the enclosed area map.

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Area 1 | <input type="checkbox"/> Area 13 |
| <input type="checkbox"/> Area 2 | <input type="checkbox"/> Area 14 |
| <input type="checkbox"/> Area 3 | <input type="checkbox"/> Area 15 |
| <input type="checkbox"/> Area 4 | <input type="checkbox"/> Area 16 |
| <input type="checkbox"/> Area 5 | <input type="checkbox"/> Area 17 |
| <input type="checkbox"/> Area 6 | <input type="checkbox"/> Area 18 |
| <input type="checkbox"/> Area 7 | <input type="checkbox"/> Area 19 |

YOU ARE TRAINED IN THE FOLLOWING: *(Mark with a check ✓ below.)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Best Practices in Health (107) | <input type="checkbox"/> HAZMAT (100) | <input type="checkbox"/> Solid Surface Installer Class (182) |
| <input type="checkbox"/> Boom Truck Cert (164) | <input type="checkbox"/> Light Gauge Weld (221) | <input type="checkbox"/> Steward (112) |
| <input type="checkbox"/> Certified Welder (113) | <input type="checkbox"/> OSHA 10 (208) | <input type="checkbox"/> Stick Cert Weld (156) |
| <input type="checkbox"/> Cleanroom Class (176) | <input type="checkbox"/> OSHA 16 (210) | <input type="checkbox"/> STP Cert (201) |
| <input type="checkbox"/> Door Hardware (129) | <input type="checkbox"/> OSHA 30 (212) | <input type="checkbox"/> TIG Cert Weld (155) |
| <input type="checkbox"/> Firestop Class (102) | <input type="checkbox"/> OSHA 7600 (321) | <input type="checkbox"/> WABO Cert (192) |
| <input type="checkbox"/> First Aid / CPR Cert (121) | <input type="checkbox"/> Powder Actuated Tool (325) | <input type="checkbox"/> Wire Cert Weld (154) |
| <input type="checkbox"/> Foreman A Class (139) | <input type="checkbox"/> Rigging (123) | <input type="checkbox"/> Aerial Lift (260) |
| <input type="checkbox"/> Forklift Industrial (122) | <input type="checkbox"/> Scaffold Erector (110) | <input type="checkbox"/> Fall Protection (265) |
| <input type="checkbox"/> Forklift Rough Terrain (103) | <input type="checkbox"/> Scaffold User (124) | |

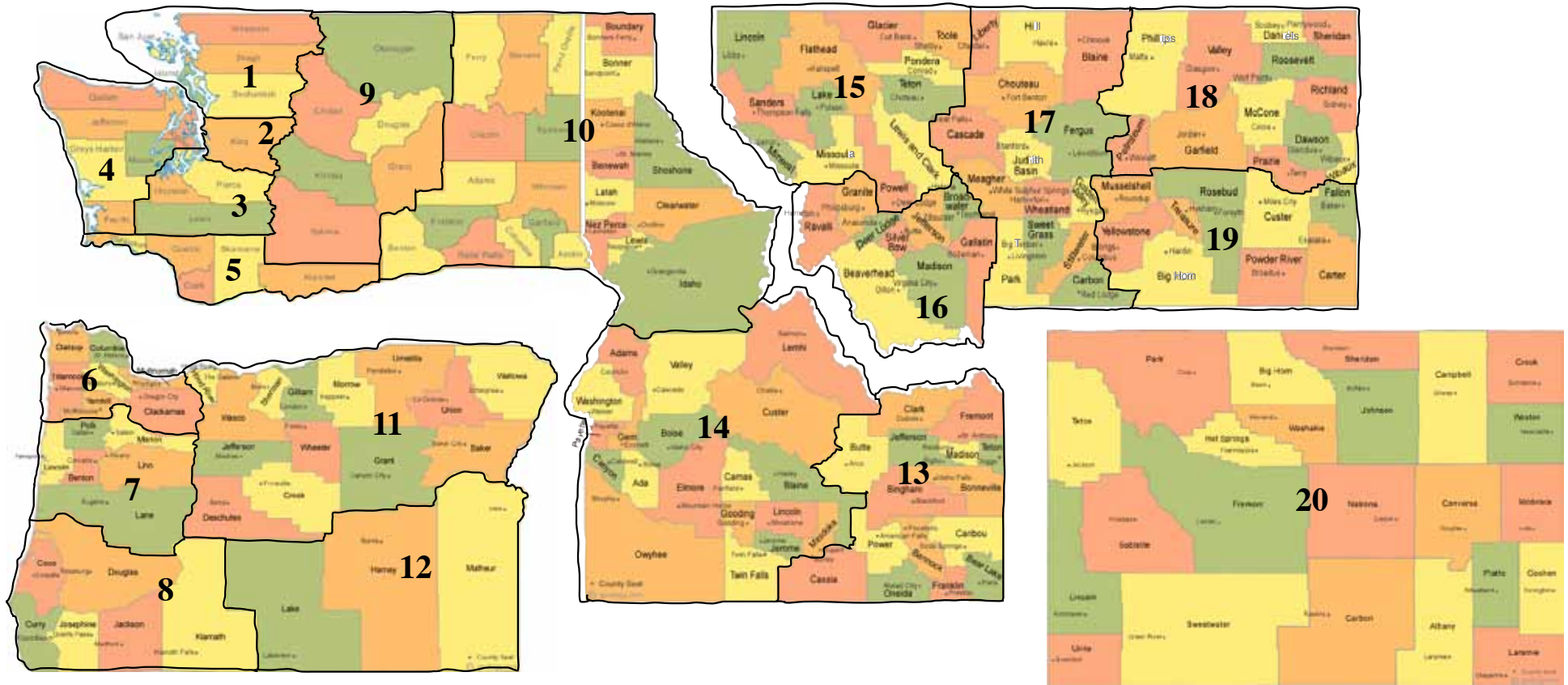
Are you a veteran? (800)

- YES NO

I _____ (print name), assign to the Pacific Northwest Regional Council of Carpenters, from my earnings, a sum equal to the Union's membership dues, assessments, and initiation fee (the Union will notify my Employer of the current amount). I authorize and direct my Employer to deduct such sum and remit the money to the Union monthly. This assignment is irrevocable for one (1) year from this date or until the termination of the Labor Agreement, whichever occurs first. This assignment shall be renewed automatically, for successive 12 month periods, unless the Union and my employer receive my written notice of termination of this assignment not more than twenty (20) days and not less than ten (10) days prior to renewal of the assignment. This authorization is effective regardless of my status as a member, non-member, or "financial core" payer and applies regardless of any future resignation of membership on my part. I authorize the PNWRCC to contact me at the supplied phone number(s) for the purpose of dispatching, reminders, or mobilization efforts.

I hereby authorize the UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA to act as my collective bargaining agent in dealing with my employer in regard to wages, hours, and other conditions of employment. All previous authorizations made by me are revoked.

Signature _____ Date _____



**PACIFIC NORTHWEST
REGIONAL COUNCIL OF CARPENTERS**

**DISPATCH AREAS FOR CARPENTERS
& EXTERIOR INTERIOR SYSTEMS CARPENTERS**

- | | | | |
|----|--------------------|----|----------------------------|
| 1 | WWA NORTH | 13 | ID SOUTHEAST (IDSE) |
| 2 | WWA CENTRAL | 14 | ID SOUTHWEST (IDSW) |
| 3 | WWA SOUTH | 15 | MT NORTHWEST |
| 4 | WWA WEST | 16 | MT SOUTHWEST |
| 5 | SOUTHWEST WA | 17 | MT CENTRAL |
| 6 | OR NORTHWEST (ONW) | 18 | MT NORTHEAST |
| 7 | OR CENTRAL (OC) | 19 | MT SOUTHEAST |
| 8 | OR SOUTHWEST (OSW) | 20 | THE WHOLE STATE OF WYOMING |
| 9 | CENTRAL WA | 21 | AK NORTH |
| 10 | EASTERN WA | 22 | AK SOUTHWEST |
| 11 | OR NORTHEAST (ONE) | 23 | AK SOUTHEAST |
| 12 | OR SOUTHEAST (OSE) | | |

REVISED 6/2011 / SEK / opeius@fcio

AREA 1

WWA - North
SKAGIT • SNOHOMISH
WHATCOM • ISLAND • SAN JUAN

AREA 2

WWA - Central
KING

AREA 3

WWA - South
PIERCE • THURSTON • LEWIS

AREA 4

WWA - West
CLALLUM • JEFFERSON • KITSAP
MASON • GRAYS HARBOR
PACIFIC (North)

AREA 5

SW WA
WAHKIAKUM • COWLITZ • CLARK
SKAMANIA • KLICKITAT
PACIFIC (South)

AREA 6

OR - NW
CLATSOP • COLUMBIA • TILLAMOOK
YAMHILL • WASHINGTON
CLACKAMAS • MULTNOMAH

AREA 7

OR - Central (OC)
POLK • MARION • LINCOLN
BENTON • LINN • LANE

AREA 8

OR - SW (OSW)
COOS • CURRY • DOUGLAS
JOSEPHINE • JACKSON • KLAMATH

AREA 9

Central WA
CHELAN • DOUGLAS • GRANT
KITITITAS • OKANOGAN • YAKIMA

AREA 10

Eastern WA - Northern ID (EWA)
ADAMS • ASOTIN • BENTON • FERRY
FRANKLIN • GARFIELD • LINCOLN
PEND ORIELLE • SPOKANE • STEVENS
WALLA WALLA • WHITMAN

BOUNDARY • BONNER • KOOTENAI
BENEWAH • SHOSHONE • LATAH • LEWIS
NEZ PERCE • CLEARWATER • IDAHO

AREA 11

OR - NE
HOOD RIVER • WASCO • SHERMAN
GILLIAM • WHEELER • MORROW • UMA-
TILLA GRANT • UNION • BAKER • WALLOWA
DESCHUTES • CROOK • JEFFERSON

AREA 12

OR - SE
HARNEY • MALHEUR • LAKE

AREA 13

ID - Southeast
CLARK • BUTTE • JEFFERSON • FREMONT
MADISON • TETON • BONNEVILLE • POWER
CASSIA • ONEIDA • BANNOCK • FRANKLIN
BEAR LAKE • CARIBOU • BINGHAM

AREA 13

ID - Southeast
CLARK • BUTTE • JEFFERSON • FREMONT
MADISON • TETON • BONNEVILLE • POWER
CASSIA • ONEIDA • BANNOCK • FRANKLIN
BEAR LAKE • CARIBOU • BINGHAM

AREA 14

ID - Southwest
ADAMS • VALLEY • LEMHI • MINIDOKA • GEM
WASHINGTON • PAYETTE • BOISE • CUSTER • ADA
CANYON • ELMORE • OWYHEE • CAMAS • BLAINE
GOODING • LINCOLN • JEROME • TWIN FALLS

AREA 15

MT - Northwest
LINCOLN • SANDERS • MINERAL
MISSOULA • LAKE • FLATHEAD
POWELL • LEWIS AND CLARK
TETON • PONDERA • TOOLE • GLACIER

AREA 16

MT - Southwest
RAVALLI • GRANITE • BEAVERHEAD
DEER LODGE • SILVER BOW • MADISON
GALLATIN • JEFFERSON • BROADWATER

AREA 17

MT - Central
LIBERTY • CHOTEAU • HILL • BLAINE • CASCADE
JUDITH BASIN • FERGUS • MEAGHER
WHEATLAND • PARK • SWEETGRASS
GOLDEN VALLEY • STILLWATER • CARBON

AREA 18

MT - Northeast
PHILLIPS • VALLEY • GARFIELD
McCONE • PRAIRIE • WIBAUX
DAWSON • RICHLAND • ROOSEVELT
DANIELS • SHERIDAN • PETROLEUM

AREA 19

MT - Southeast
MUSSELSHELL • YELLOWSTONE
BIG HORN • TREASURE • ROSEBUD
POWDER RIVER • CUSTER
CARTER • FALLON

AREA 20

STATE of WYOMING

AREA 21

AK - North
North Slope • Northwest Arctic • Yukon-Koyukuk
Fairbanks North Star • Southeast Fairbanks
Denali • Nome

AREA 22

AK - Southwest
Wade Hampton • Bethel • Dillingham
Lake and Peninsula • Matanuska-Susitna
Valdez-Cordova • Kenai Peninsula • Kodiak Island
Aluetians East • Aluetians West

AREA 23

AK - Southeast
Yakutat • Haines • Skagway-Hoonah-Angoon
Sitka • Juneau • Wrangell-Petersburg
Prince of Wales - Outer Ketchikan
Ketchikan Gateway

Pacific Northwest Regional Council of Carpenters

Affiliated with the United Brotherhood of Carpenters & Joiners of America



25120 Pacific Highway South • Suite 200
Kent, Washington 98032
253.945.8800 • 253.839.4908 fax • 1.800.573.8333 toll free



Dear Brother/Sister:

Welcome to the Pacific Northwest Regional Council of Carpenters. Your participation is valuable to this organization. We look forward to getting to know you.

You agreed to attend the Pacific Northwest Regional Council of Carpenters' New Member Orientation. The information provided at the orientation will benefit both you and your family. We encourage you to bring your spouse, partner, or family member. Attendance will waive your \$300 initiation fee into your local union.

The orientation should take approximately one hour, plus discussion. A light meal will be provided. Union Representatives will explain policies, discuss health and pension benefits, training opportunities, job search tactics and answer any questions you may have.

To ensure that your initiation fee is waived, be sure to arrive on time and sign out upon class completion. If you are unable to attend your scheduled orientation, please contact your local union immediately. (See local union phone number below.)

Fraternally,

Doug Tweedy
Executive Secretary-Treasurer/CEO
PNWRCC

DT/sek/opeiu&aficio

LU COMPLETE:

Orientation Address _____

Date _____ Time _____

Local Union Phone _____

MEMBER COMPLETE:

UBC #: U _____ - _____

Name _____

Signature _____

Date _____