

**APPLICATION FOR MEMBERSHIP**  
**In the INTERNATIONAL ASSOCIATION OF BRIDGE,**  
**STRUCTURAL, ORNAMENTAL AND REINFORCING IRON WORKERS Affiliated with A.F.L.-C.I.O.**

- ☐ Initiation                      ☐ Apprentice                      ☐ Organized  
☐ Reinstatement                      ☐ Journeyman                      ☐ Helmets to Hardhats

Desiring to become a member of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, I hereby make application with accompanying fee, and in consideration of my becoming a member, I willingly accept all provisions of the Constitution, including such amendments as may be hereafter adopted, and the By-Laws of the Local Unions, District Councils and other subordinate bodies of which I may be at any time a member.

Local Union No. \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Name \_\_\_\_\_  
Permanent Address, Street \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security/Insurance No. \_\_\_\_\_

Are you willing to take an obligation that will not conflict with your religious belief or you duty as a citizen?

I, the undersigned, agree that, should it hereafter be discovered that I have made any misstatements as to my qualifications for membership in the Association, or that I obtained membership through fraud, false statements or otherwise, I will be debarred from all rights and benefits provided by this Association

I hereby designate the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers to act (through a Local Union or otherwise) as my sole agent and representative in all collective bargaining and other negotiations affecting me or other members of the above-named Union, whether under the operation of the National Labor Relations Act or otherwise; or in the Dominion of Canada the applicable Federal or Provincial laws.

I hereby solemnly and sincerely pledge my honor that I will without equivocation or evasion, and to the best of my ability, abide by the Constitution and By-Laws, and the particular scale of wages adopted by it; that I will abide by the will of the majority; that I will at all times, by all honorable means within my power, procure employment for members of this union; and that at all times be respectful in word and action to every person, and be considerate of widows, widowers, orphans, and the weak and defenseless; and that I will not knowingly wrong a member of this Union or see one wronged if it is my power to prevent the same.

I hereby agree that if I fail to pay dues and/or assessments and/or fines within six (6) months of the date when same are due and payable, my membership in this Association shall automatically be forfeited.

I have read and agree to abide by the terms and conditions as contained in the Standards of Excellence. **Initial here (                      )**

This application must be completely filled out. Failure to do so or any falsification of information will void the application or in the event membership is granted will be cause for cancellation thereof.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Place X in space opposite classification under which applicant was examined and accepted.

Applicant must sign here.

Signature of Business Manager, Examining Committee or International Representative

- |  |       |
|--|-------|
| <input type="checkbox"/> Journeyman Ironworker   | _____ |
| <input type="checkbox"/> Journeyman Structural Ironworker                              | _____ |
| <input type="checkbox"/> Journeyman Rodman <input type="checkbox"/> Welder             | _____ |
| <input type="checkbox"/> Journeyman Finisher <input type="checkbox"/> Ship Yard Rigger | _____ |
| <input type="checkbox"/> Journeyman Rigger, Machinery Mover, Erector                   | _____ |
| <input type="checkbox"/> Other (Specify) _____   | _____ |

EFFECTIVE DATE OF MEMBERSHIP WILL CORRESPOND WITH THE FIRST DUES PAYMENT. THE FIRST MONTH'S DUES MUST CORRESPOND WITH THE DATE OF FEE PAYMENT. FINANCIAL SECRETARY-TREASURER MUST RECORD DATE OF PAYMENT OF FEES AND FIRST MONTH'S DUES BELOW.

EFFECTIVE DATE OF MEMBERSHIP \_\_\_\_\_

DATE FEE PAID \_\_\_\_\_ AMT. \_\_\_\_\_ DATE DUES PAID \_\_\_\_\_ AMT. \_\_\_\_\_

## INITIATION INFORMATION

Enclosed is the information booklet with respect to your health/welfare and pension plan. Our Administration office is Manion, Wilkins & Associates which is in Etobicoke, Ontario. A couple of pages into the booklet you will see the name, address and phone number to contact them for any enquiries. The forms attached are the forms required by Manion Wilkins & Associates to put you into their system. All worked hours with the Union will go directly to Manion Wilkins. If you work in Newfoundland & Labrador through the Union, they are automatically sent to them. If you work outside of Newfoundland & Labrador, you must sign a "Reciprocating Agreement" to have your hours transferred back to your home local, Local 764, if that is what you choose. It is beneficial, of course, to keep all of your pension hours in one hour bank and easier to keep track of. It will take several months for these hours to be transferred back to your local. If concerned, you can call the 1-800 number in the book and ask them if the hours have been successfully transferred.

You must work with the union 450 hours before your benefits kick in. You then have to work 150 hours to maintain your plan. If you work more than 150 hours, then these hours are banked and applied to any month that you do not work. If you run out of hours for your benefits, Manion Wilkins will mail you a letter and advise you this and give you the option of paying \$130.00 for the month to keep your benefits. You can only do this for a maximum of 12 months, and then your benefits run out.

When you initiate, you will be placed on the bottom of the out-of-work list and will be called when work comes up. Please ensure that if you change address or phone number(s) you contact the hall and let us know.

If you work anywhere other than Newfoundland & Labrador, you are paying working dues to that local, not this local, therefore you must always remember to pay the non-working monthly dues of \$35.00 per month to this local. If you do not pay your dues after six months, you will be suspended. You will **NOT** be notified of your suspension. If you wish to get back into the union you must reinstate for a minimum fee of \$800.00. The onus is on you to take care of this. You also have to pay your dues to the current month in order to stay in good standing with International. You have until the last day of the month to make your payment. If not paid and something happens to you, you will not receive any death benefit.

You can pay as many months worth of dues as you would like. We accept dues here in the office by cash, debit, visa, money order or cheque. You can mail in the money order or cheque, or you can pay by visa over the phone. Just call the office with your number and we will mail your receipt to you.

# IRONWORKERS'

## Standards of Excellence



The purpose of the Ironworkers' Standards of Excellence is to reinforce the pride of every Ironworker and our commitment to be the most skilled, most productive and safest craft in the Building Trades.

As Union Ironworkers, we pledge ourselves to uphold our word, as given through our Collective Bargaining Agreement, and display the professionalism expected of our trade and Union in all aspects of our employment as exemplified by the values engrained in our Standards of Excellence.

It is a commitment to use our training and skills, each and every day, to produce the highest quality work worthy of our name and consistent with the collective bargaining agreement.

As an Iron Worker member, I agree to:

1. Adhere to my responsibilities under the Collective Bargaining Agreement for start and quit times, as well as lunch and break times.
2. Allow my Representatives to handle any disagreements or breaches by refusing to engage in unlawful job disruptions, slowdowns or any activities that affect our good name.
3. Respect the Customer's and Employer's rights, property and tools as I do my own.
4. Meet my responsibility to show up every day; outfitted for work and fit for duty without engaging in substance abuse.
5. Cooperate with the Customer and Employer to meet their statutory, regulatory and contractual responsibilities to maintain a safe, healthy and sanitary workplace.
6. Do my best to work in a manner consistent with the quality, productivity and safety of every task that I am assigned.
7. Do my best to help every co-worker return home safe at the conclusion of every shift.

The Ironworkers' Standards of Excellence will increase the pride, the productivity and the craftsmanship of every Ironworker throughout North America. This commitment will improve work place conditions, increase work opportunities, and help maintain our wages, benefits and standard of living. In addition, the Standards of Excellence will help our signatory employers complete their projects on time, on budget with no injuries or accidents.

In accordance with Article XXVI of the International Constitution, charges may be preferred against any member for violations of the Ironworkers' Standard of Excellence, including but not limited to the following reasons:

- Taking a job referral and not reporting to work.
- Failing pre-employment qualifications.
- Discharged for excessive absenteeism.

Fines for the first offense shall be no less than \$100.00 or no more than one (1) day's pay including fringe benefits and working assessments.

I acknowledge this responsibility and pledge my word to do the same.

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Signature

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Social Security / Insurance Number

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Date

## PERSONAL INFORMATION DISCLOSURE FORM

### AUTHORIZATION AND DIRECTION

TO: Manion, Wilkins & Associates Ltd. ("MWA")  
500 – 21 Four Seasons Place,  
Etobicoke, ON M9B 0A5

I, \_\_\_\_\_ (print name), identified by my  
birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YY), my certification number \_\_\_\_\_ and my  
home address (Street Address): \_\_\_\_\_,  
City \_\_\_\_\_, Province, \_\_\_\_\_, Postal Code \_\_\_\_\_,  
am a Member of the \_\_\_\_\_ Plan.

For the purposes of this form, a third party includes and is limited to:

- The Member's spouse or immediate family member;
- The Board of Trustees for the Plan;
- The Member's Business Representative.

Upon my request to a third party to obtain specific information relating to my benefits, claims or beneficiaries, I hereby authorize and direct MWA to release such information to the third party, provided that MWA finds the release of such information to be reasonable under the circumstances.

I agree to notify MWA in writing if I wish to authorize and direct MWA to release only specific information to specific individuals.

Information will be disclosed in accordance with governing legislation and Plan documents.

**THIS SHALL BE YOUR GOOD AND SUFFICIENT AUTHORITY FOR SO DOING.**

By signing below, I release the Trustees, the Trust Fund(s), and Manion, Wilkins & Associates Ltd. from any resultant liability that may occur from the disclosure of personal information.

I understand that this authorization and direction to disclose information remains in effect until I otherwise inform Manion, Wilkins & Associates Ltd in writing or in person. It is my responsibility to ensure that this authorization and direction is up-to-date and reflects my current wishes.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Member

**Iron Workers Local 764 Benefit Plan**  
**MEMBER INFORMATION/BENEFICIARY CARD**

PERSONAL INFORMATION				
Last Name		First Name		Initial
Date of Birth Day    Month    Year	Sex	Social Insurance Number (SIN) *	Certificate Number	
<p>* I hereby authorize the use of this number by the Plan Administrator for Tax reporting and the administration of my benefits, as required.</p> <p>I hereby authorize the Plan Administrator to use the information provided by me on this card to administer my benefits. I further consent to the release of this information to my insurer, if applicable and required by my insurer, and to my local union office for authorization, if required under this Plan.</p>				
Signature _____		Date _____		
HOME MAILING ADDRESS				
Apt	Address		City, Town or Village	
Province	Postal Code	Phone (       )		
UNION INFORMATION				
Most Recent Date Joined Union Day    Month    Year	Local	Union ID	Signature of Local Union Official _____	
MARITAL STATUS				
<input type="radio"/> Married	<input type="radio"/> Common Law	<input type="radio"/> Same Sex Partner	<input type="radio"/> Separated	
<input type="radio"/> Widowed	<input type="radio"/> Single	<input type="radio"/> Civil Union (for Quebec only)	<input type="radio"/> Divorced	
If you have a spouse, complete the spousal information section below. The definition of eligible spouse can be found in your Benefit Plan Booklet.				

SPOUSAL INFORMATION					
Last Name	First Name	Init	Date of Birth Day    Month    Year	Sex	Date of Marriage/Co-habitation Day    Month    Year
CO-ORDINATION OF BENEFITS INFORMATION					
<p>Coverage with Spouse's Employer:</p> <p>SINGLE      <input type="radio"/> Drugs      <input type="radio"/> Health      <input type="radio"/> Vision      <input type="radio"/> Dental</p> <p>FAMILY    <input type="radio"/> Drugs      <input type="radio"/> Health      <input type="radio"/> Vision      <input type="radio"/> Dental</p> <p>Spouse's Insurance Company Name: _____</p> <p>Policy No. _____ Effective Date: _____</p>					

**PLEASE COMPLETE BOTH SIDES**  
**BENEFICIARY INFORMATION IS MANDATORY**

**Iron Workers Local 764 Benefit Plan**  
**MEMBER INFORMATION/BENEFICIARY CARD**

DEPENDENT CHILDREN					
Last Name	First Name	Date of Birth Day, Month, Year	Sex	Student**	Disabled

\*\* Proof of full-time attendance at an education institution must be provided annually if the child is over age. Please refer to your booklet.

BENEFICIARY INFORMATION					
Last Name	First Name	Init	Date of Birth Day, Month, Year	Relationship	Percentage

I hereby revoke all existing beneficiary(ies) designation(s) made by me for the Iron Workers Local 764 Benefit Plan and designate the person(s) named above as my beneficiary, if then living, to receive any benefits payable under the Iron Workers Local 764 Benefit Plan upon my death, reserving to myself the right to change or revoke such appointment, notwithstanding acceptance thereof and subject to any legal restrictions, by written notice to the Plan Administrator.

Where Quebec law applies, a spouse as beneficiary is irrevocable (and cannot be changed without the written consent of the irrevocable Beneficiary unless you make the designation revocable). I hereby make the designation:

☐ Revocable                      ☐ Irrevocable

I hereby certify that all the statements and information on this form are true.

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Member's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Iron Workers Local 764 Pension Plan**  
**MEMBER INFORMATION CARD**

PERSONAL INFORMATION					
Last Name			First Name		Initial
Date of Birth Day      Month      Year		Sex	Social Insurance Number (SIN) *		Certificate Number
<p>* I hereby authorize the use of this number by the Plan Administrator for tax reporting and the administration of my benefits, as required.</p> <p>I hereby authorize the Plan Administrator to use the information provided by me on this card to administer my benefits and to meet the requirements of applicable legislation. I further consent to the release of this information to my local union office for authorization, if required under this Plan.</p>					
Signature _____			Date _____		
HOME MAILING ADDRESS					
Apt	Address			City, Town or Village	
Province		Postal Code	Phone (      )		
UNION INFORMATION					
Most Recent Date Joined Day      Month      Year		Local	Union ID	Signature of Local Union Official _____	
MARITAL STATUS					
<input type="radio"/> Married <input type="radio"/> Widowed		<input type="radio"/> Common Law <input type="radio"/> Single		<input type="radio"/> Same Sex Partner <input type="radio"/> Civil Union (for Quebec only) <input type="radio"/> Separated <input type="radio"/> Divorced	
If you have a spouse, complete the spousal information section below. The definition of eligible spouse can be found in your Benefit Plan Booklet.					
SPOUSAL INFORMATION					
Last Name		First Name		Init	Date of Birth Day    Month    Year
					Sex      Date of Marriage/Co-habitation Day    Month    Year

BENEFICIARY DESIGNATION					
Last name	First Name	Init	Date of Birth Day    Month    Year	Relationship	Percentage
<p>Note: Your spouse is the beneficiary of the pre-retirement death benefit relating to Post-1996 service and may be the beneficiary for Pre-1997 service, based on the Plan provisions. You may complete Beneficiary section above. If no Beneficiary, indicate "Estate."</p> <p>I hereby revoke all existing beneficiary(ies) designation(s) made by me for the Iron Workers Local 764 Pension Plan and designate the person(s) named in the above section "Beneficiary Designation" as my beneficiary(ies), if then living, to receive any benefits payable under the Iron Workers Local 764 Pension Plan upon my death, reserving to myself the right to change or revoke such appointment, notwithstanding acceptance thereof and subject to any legal restrictions, by written notice to the Plan Administrator.</p>					
<p>Where Quebec law applies, a spouse as beneficiary is irrevocable (and cannot be changed without the written consent of the irrevocable Beneficiary unless you make the designations revocable). I hereby make the designation:</p> <p align="center"> <input type="radio"/> Revocable      <input type="radio"/> Irrevocable         </p>					
I hereby certify that all the statements and information on this form are true.					
Member's signature _____			Date _____		