



APPLICATION FOR M.E.B.A. APPLICANT BOOK



Name: _____
(Last) (First) (Middle)

(Social Security Number – last 4 Digits) (Home Phone Number)

(Cell Phone Number) (Email Address)

(Mailing Address) (City, State) (Zip)

(Birth Date) (Height) (Weight) (Hair Color) (Eye Color)

Signature: _____ Date: _____

Completed applications should be mailed to:

**M.E.B.A. HQ - Membership Dept.
444 North Capitol Street, N.W.
Suite 800
Washington D.C. 20001**

Completed forms can also be emailed to the HQ Membership Department at
membership@mebaunion.org

Once processed at M.E.B.A. HQ, an Applicant Book will be mailed to an M.E.B.A. Union hall of your choice for pick-up where you must sign an acknowledgment sheet to claim it. Please indicate the M.E.B.A. Union Hall where you will pick up your Applicant Book:

(M.E.B.A. Union Hall)