



Membership Affiliation: GFC Crane

AUTHORIZATION AND APPLICATION FOR MEMBERSHIP

To The Officers and Members of:

DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO) of the NATIONAL MARINE ENGINEERS' BENEFICIAL ASSOCIATION (AFL-CIO)

I hereby apply for membership in the District No. 1-PCD, M.E.B.A. (AFL-CIO).

I do hereby authorize and designate the union, District No. 1-PCD, M.E.B.A. (AFL-CIO) as my sole collective bargaining representative to represent me and, on my behalf, to negotiate and conclude all agreements as to wages, hours of labor, and other employment conditions.

It is understood that the Union has the absolute right to reject or terminate this Application at any time prior to my admission as a member into the Union. I also understand that in the event I voluntarily terminate my applicant status or I am dropped from applicant status due to non-payment of initiation or service fees, I shall not be entitled to any refund or reimbursement of such initiation or service fees.

I understand and agree that it shall be exclusively my obligation to notify the Union in writing when I have fulfilled the requirements for membership as set forth in the Constitution, By-Laws, Rules and Regulations of the Union, and any applicable Application Information Fact Sheet which are available upon request.

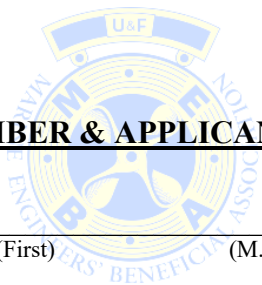
Pending my admission as a member into the Union, I shall be obligated to pay to the Union a service fee equal to what is being paid by members of their dues and I shall be entitled to exercise and enjoy only such rights and privileges (including shipping rights) as may be accorded to me under the outstanding Constitution, By-Laws, Rules, Regulations of the Union, and any applicable Application Information Fact Sheet.

It is further understood and agreed that the processing of my application for membership is subject to and conditioned upon the Constitution, By-Laws, Rules and Regulations of the Union and any applicable Application Information Fact Sheet covering such subject.

(Print Name of Applicant)

(Signature of Applicant)

(Date)



M.E.B.A. MEMBER & APPLICANT DATA SHEET

Name: _____ **Gender (M/F):** _____
(Last) (First) (M.I)

(Social Security Number) (Home Phone Number)

(E-mail address) (Cell Phone Number)

Address of Record:

(Street Address) (City, State) (Zip)

Mailing Address: (If same as address of Record put "same")

(Street Address) (City, State) (Zip)

Document Information:

(Current MMC Endorsements)

(Endorsements continued) (Reference Number) (MMC Expiration)

(TWIC Number) (TWIC Expiration)

(Passport Number) (Passport Expiration)

Next of Kin:

(Name: Last, First) (Relationship)

(Contact Address) (Phone Number)

Personal Information:

(Birth Date) (Birthplace: City/State/Country) (Date Naturalized, City)

(Height) (Weight) (Eye Color) (Hair Color)

(Status: Single, Married, Divorced) (Name of Spouse) (Number of Dependents)

I. PRIOR MEMBERSHIP

Have you ever previously made application for M.E.B.A. membership? _____

If Yes, Where: _____ When: _____
(Branch) (Date of Application)

Prior Membership ___ Rejected ___ Dropped ___ Withdrawn

Have you ever been found guilty of charges or suspended from the shipping or night list in this Union? _____. If Yes, explain reason: _____

II. PRESENT/PRIOR EMPLOYMENT:

Have you ever been employed as a licensed marine officer on U.S. flag vessels not working under a contract to District No. 1 – PCD, MEBA? _____

(Yes or No)

If Yes, supply information covering ALL such employment (use separate sheet if necessary):

COMPANY/UNION	SHIP	RATING	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all Employment in the last three (3) years not listed above (use separate sheet if necessary)

COMPANY	CITY/STATE	POSITION	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. EDUCATION

Are you a Maritime Academy graduate? _____
(Yes or No) (Academy) (Graduation Date)

(If no, then what is the Highest Level of Education for which you have received a diploma?)

(Name of School; City, State and Year Graduated)

IV. UNION AFFILIATIONS (Check here if none ___)

Present Union Affiliations (Refer to Obligation for other licensed marine officers' organizations):

Name _____ Status _____
(Present Union and Local) (Member, Applicant, Journeyman, Apprentice)

Former Union Affiliations Other Than District No. 1 – PCD, MEBA:

Name _____ Status _____
(Former Union and Local) (Suspended, dropped, expelled, withdrew)



UNION AUTHORIZATION GFC CRANE INITIATION FEE CHECK-OFF

I, _____, hereby authorize G.F.C. Crane Consultants, Inc. (“Company”) to deduct from my pay each pay period in equal installments, the amount certified by the Union to be the regular Initiation Fee of the Union. This deduction shall be remitted by the Company to C/O Comptroller, MEBA, District No.1-PCD (AFL-CIO), 444 North Capitol Street, N.W., Suite 800, Washington D.C., 20001.

I understand that the regular Initiation Fee of the Union is currently established at \$4,000.00 payable in twenty-five equal monthly installments of \$160.00 per month. I further understand I will forfeit any monies paid toward my membership Initiation Fee if I do not comply with all the provisions of this Agreement.

Agreed:

Signature

Date

Printed Name



UNION AUTHORIZATION GFC CRANE DUES CHECK-OFF

I, _____, hereby authorize G.F.C. Crane Consultants, Inc. (“Company”) to deduct from my pay each pay period in equal installments, the amount certified by the Union to be the regular quarterly dues/service charge of the Union. This deduction shall be remitted by the Company to C/O Comptroller, MEBA, District No.1-PCD (AFL-CIO), 444 North Capitol Street, N.W., Suite 800, Washington D.C., 20001.

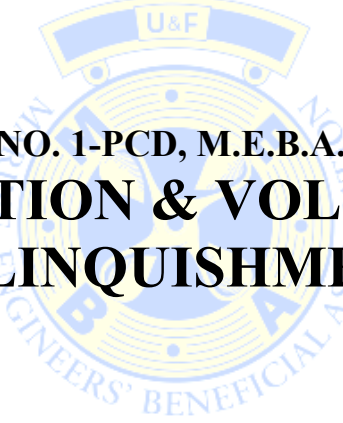
I understand that the regular dues/service charge of the Union is currently established at \$150.00 per calendar quarter for a total of \$600.00 annually.

Agreed:

Signature

Date

Printed Name



DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO)
OBLIGATION & VOLUNTARY
RELINQUISHMENT

I, of my own free will and accord, do hereby solemnly and sincerely promise, swear and affirm that I will never impart any internal documents, contracts, proceedings of any meetings or any other verbal or written information deemed confidential or proprietary of the District No. 1 – PCD, M.E.B.A. (AFL-CIO) to any person not duly and justly qualified to receive same. I also bind myself not to join or belong to any other organization of licensed marine officers while I am a member or an applicant of this Organization and understand I will have breached this contract between myself and the Union should I belong to or join another Licensed Marine Officers Union. This aforementioned breach will cause my application to be null and void and I may not be re-considered for re-application or membership. I also will not accept any employment outside of the M.E.B.A. utilizing my marine officer license without the permission of the Union in accordance with the M.E.B.A. By-Laws and Shipping Rules. I will faithfully obey and use my earnest endeavors to carry out the provisions of the Constitution, By-Laws, Shipping Rules and Regulations of the National M.E.B.A. (AFL-CIO) and of this Organization and its Affiliates.

I have carefully read and signed the Obligation of my own free will and accord. It being understood that it in no way will interfere with my social, political or religious rights. Further, I understand that as an M.E.B.A. applicant, I will voluntarily relinquish any job received through this organization if I fail to become an elected member of this organization within the required time.

(Signature of Applicant)

(Date)

(Print Name of Applicant)

(Social Security Number)

(Witness Name)

(Witness Signature)

Voluntary Applicant Self-Identification Form

(Confidential - For Statistical Use Only)

We would appreciate it if you would take the time to complete this form, as part of our compliance requirements. M.E.B.A. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state, or local law.

The information below will be used only in the compilation of data for affirmative action reporting. Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment. Identification can be declared at any time prior to, or, if applicable, after hire.

Gender

Male Female

Race/Ethnicity

- American Indian/Native American or Alaskan Native** A person having origins in the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian (not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, Japan, Korea, India, Malaysia, Pakistan, Nepal, the Philippine Islands, Thailand, and Vietnam.
- Black or African** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Multiracial** A person whose biological parents are of different races.

I understand that this form is for self-identification and will not be used for any other purpose than the filing of the required reports to the Equal Employment Opportunity Commission.

(Signature of Applicant)

(Date)

(Witness name)

(Witness signature)

Non-Discrimination Notice

The Marine Engineers' Beneficial Association (M.E.B.A.) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, applying for membership in M.E.B.A., membership in M.E.B.A., hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

M.E.B.A. is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in membership, employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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INFORMATION FACT SHEET GFC CRANE CONSULTANTS, INC.



ATTACHMENT TO THE APPLICATION FOR MEMBERSHIP FOR THOSE APPLICANTS APPLYING FOR MEMBERSHIP UNDER THE PROVISIONS OF THE GFC CRANE CONSULTANTS, INC. COLLECTIVE BARGAINING AGREEMENT WITH DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO).

Your application for membership in District No. 1-PCD, M.E.B.A. (AFL-CIO) will be accepted under the provisions of the Collective Bargaining Agreement (CBA) between GFC Crane Consultants, Inc. and District No. 1-PCD, M.E.B.A. subject to the following understandings, terms and conditions:

1. You are employed by GFC Crane Consultants, Inc. as a Supervisory Port Engineer (Crane Maintenance) under the above-referenced CBA.
2. You must complete the proper Authorization and Application for Membership. The Application should be reviewed and witnessed by an Official of the District and filed with District Headquarters.
3. You agree to pay the regular service charge quarterly in advance and a service charge in an amount equal to six percent (6%) of the gross amount of each vacation benefit received from any jointly administered M.E.B.A. Plan, the Company, or the Union during the period of your Applicant status and thereafter if elected into membership. The current quarterly service charge is \$150.00 per calendar quarter. The payment of the Union's initiation fee (currently \$4,000) is a requirement for membership.
4. At the time you apply for membership, you must submit payment of one quarter's service charge. If the District Investigating Committee, at its discretion, rejects your Application prior to issuing an Applicant Book, you will be so notified and your service charge payment will be refunded. Your Application for Membership will then be null and void.
5. Upon acceptance of your Authorization and Application for Membership, you will be classified as an Applicant for Membership under the GFC Crane Consultants, Inc. CBA. An Applicant book will then be issued to you, but not a Group Shipping Card. An application for your Applicant Book may be made at any M.E.B.A. Branch Office.
6. When you have completed 360 days of actual employment (not including vacation time) working under the GFC Crane Consultants, Inc./District No. 1-PCD M.E.B.A. CBA, paid the initiation fee as specified in this agreement, and have paid the regular quarterly service charge to the District for a minimum period of two and ½ years (ten quarters), you should verify this employment and submit same to the M.E.B.A. District Investigating Committee. This will act as a request for review of your application for membership. This may be done at any M.E.B.A. Branch Office.
7. The District Investigating Committee meets from time to time and your Application will be reviewed in turn and in accordance with the requirements contained in this fact sheet and further subject to all requirements of all applications from membership unless modified herein. The DIC will then issue a report with its recommendations to the members to vote on at their regular monthly membership meetings.

8. If you are advised of your acceptance as a member of the M.E.B.A., you may then apply for your Membership Book. This and any application for a renewal may also be made at any M.E.B.A. Branch Office.
9. If you elect to quit GFC Crane Consultants, Inc. or your employment is terminated for reasons not related to union activity prior to completing the 360 days of actual employment (not counting vacation time) and thereafter seek or obtain employment with other companies covered by the District's agreements, you will then be required to file a new Authorization, initiation fee Agreement and Application for Membership with the District under the then-existing requirements for applications for membership and at such time as applications are being accepted for membership. You will then be obligated for the District's initiation fee in effect at the time of your new application.

The Union expects that the Applicant will complete the requirements set forth herein. Any failure to complete the requirements will forfeit and void this Authorization and Application for Membership.

9. Unless otherwise specifically modified by this attachment to the Application for Membership, your Application for Membership is subject to all the rules, regulations, terms and conditions contained in the National M.E.B.A. Constitution, the Constitution for M.E.B.A. Districts, the M.E.B.A. By-Laws, Shipping Rules, and the Rules and Regulations promulgated by the National Executive Committee, the M.E.B.A. District Executive Committee and the membership. The Applicant's attention is directed to the M.E.B.A. Constitution's Rules and Regulations No. 1 and No. 3 regarding applications for membership in the M.E.B.A. and a duly affiliated District thereof.

I have read, understood, and agree to the above provisions as witness my hand and seal this _____ day of _____, 20____.

Witness

Signature of Applicant

Print Name of Applicant

Instructions for Completing Permanent Data Forms

You must complete a Permanent Data Form if you are a new Participant, if you are adding a Dependant, if your marital status changes, or if your dependant's eligibility status changes.

The following documents must be included with your completed Permanent Data Form:

Married

- If you are married – a copy of your marriage certificate.

Children

- Biological children – a copy of each child's birth certificate.
- Adopted children – a copy of each child's adoption papers and birth certificate.
- Stepchildren – a copy of each child's birth certificate, a copy of your most recent IRS tax filing, a copy of that part of your spouse's divorce decree that assigns responsibility for the stepchild's medical care.
- Grandchildren - a copy of each child's birth certificate, proof of legal custody awarded by a court or state agency, a copy of your most recent IRS tax filing, (additional documentation may be required).

Dependant Parents

- Dependant Parents – a copy of your most recent IRS tax filing as proof that you claim your parent as a dependant on your tax return. You will be required to provide proof of support of your parent(s) annually.

Your parent(s) may be covered as a dependant only if:

- (1) you do not have a spouse, you do not have natural or adopted children under the age of 26, and you do not have stepchildren under age 19 (or 23, if full-time students); and
- (2) you contribute at least one-half of the support of the parent being claimed as a dependant, claim your parent as a dependant on your IRS tax return, and you submit a copy of your most recent IRS tax filing as proof of support.

Additional Requirements for Adult Children (over age 18)

Biological and Adopted Children Age 19 through 25

- Your biological and adopted adult children under the age of 26 may be covered as a dependant provided they are **not** eligible for other employment based coverage (other than parent's coverage). Employment based coverage is coverage that an adult child is eligible for due to the employment of the child or the child's spouse, regardless of whether the child enrolls in such coverage.
- You are required to verify the availability of employment based coverage for each biological and adopted adult child each year.

Stepchildren and Grandchildren

- Your stepchildren and grandchildren age 19 through age 22 may be covered as a dependant provided they are full-time students.
- Student status forms are available from the Plan Office or on the Plan website (www.mebaplans.org).
- You are required to verify full-time student status for each stepchild and/or grandchild each year.

Change in Marital Status

Marriage

- If you are single and become married, you must notify the Plan Office and submit a copy of your marriage certificate with your new Permanent Data Form to enroll your new spouse.

Divorce or legal separation

- If you are married and become divorced or legally separated, you must notify the Plan Office immediately and submit a copy of your divorce decree, legal separation agreement or your written agreement to live separately within 30 days, along with your new Permanent Data Form.
- If you are divorced and are keeping your children as dependants in the Plan, you must provide additional information about other coverage the children may have, such as through your former spouse (or his or her new spouse, if remarried), so that the Plan can properly coordinate benefits. If included in your divorce decree, a copy of the portion that assigns responsibility for medical care may be needed to determine order of payment.

Address and Address Changes

- If you use a PO Box as either your permanent address or your mailing address, you must also provide a physical address.
- If you are advising the Plan of a change of address only and have no other changes to make you can complete a new Permanent Data Form or you can simply notify the Plan Office in writing of the address change. Include your name and social security number. The Participant must sign this notification in order to allow the Plan Office to change your address.

IMPORTANT - When Coverage Terminates

If you and/or your dependant no longer meet the eligibility requirements your coverage and/or your dependant's coverage will end. You are required to notify the Plan Office in writing and within 30 days of events that impact your and/or your dependant's eligibility under the Plan. Events that may lead to ineligibility and a loss of coverage under the Plan include, but are not limited to:

- Failure to report a divorce;
- Failure to report a legal separation;
- Failure to report a child's eligibility for other coverage, including the availability of such coverage;
- For stepchildren and grandchildren, failure to report a change in student status, a change in residency or a change in support;
- For stepchildren and grandchildren, failure to report a child's marriage;
- For grandchildren, failure to meet the grandchild eligibility rules; and
- Failure to pay any required premiums (e.g., COBRA, pensioner contributions, Alternate Plan premiums) timely.
- For Pensioners, return to work under certain circumstances without the permission of the Trustees.

If you do not timely notify the Plan Office of an event that causes a change in your or your dependant's eligibility under the Plan, you will be required to reimburse the Plan for benefits that were paid after your and/or your dependant's coverage terminated.

In addition, your or your dependant's coverage under the Plan may be terminated retroactively in the case of fraud or intentional misrepresentation.

PERMANENT DATA FORM

COMPLETE BOTH PAGES OF THIS FORM , SIGN AND DATE WHERE INDICATED, AND RETURN TO THE PLAN OFFICE IN BALTIMORE

Member Name			
	Last Name	First Name	Initial
Social Security Number			
Date of Birth (mm/dd/yyyy)		Sex (Select one)	<input type="radio"/> Male <input type="radio"/> Female
Home Telephone Number	(Area Code:)		
Cellular Phone Number	(Area Code:)		
E-mail address (If applicable)	@		
Affiliation (Check One)	<input type="radio"/> District No. 1-PCD, MEBA <input type="radio"/> Plan Employee <input type="radio"/> Union Employee <input type="radio"/> Other:		
Active/Pensioner (Check One)	<input type="radio"/> Active <input type="radio"/> Pensioner	If Actively Employed, Name of Present Employer:	
Marital Status (Check One)	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Legally Separated		
Date Married, Widowed, Divorced or Legally Separated (mm/dd/yyyy)		<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Legally Separated	
Permanent Address (Home of Record):	Number & Street		
	City, State, Zip		
Mailing Address (if different than Permanent Address above):	Number & Street		
	City, State, Zip		

**DEPENDANTS TO BE ADDED TO YOUR MEDICAL COVERAGE
(LIST FULL NAMES)**

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DEPENDANT SSN	RELATIONSHIP TO MEMBER CHECK ONE	STEP/GRAND CHILD CHECK IF FT STUDENT
					<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No						
If eligible for Employment Based Coverage, complete the following sections						
Child's Employer Name		Child's Employer Address		Child's Employer Phone		
Child's Spouse's Employer Name		Child's Spouse's Employer Address		Child's Spouse's Employer Phone		

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DEPENDANT SSN	RELATIONSHIP TO MEMBER CHECK ONE	STEP/GRAND CHILD CHECK IF FT STUDENT
					<input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No If eligible for Employment Based Coverage, complete the following sections						
Child's Employer Name			Child's Employer Address		Child's Employer Phone	
Child's Spouse's Employer Name			Child's Spouse's Employer Address		Child's Spouse's Employer Phone	

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DEPENDANT SSN	RELATIONSHIP TO MEMBER CHECK ONE	STEP/GRAND CHILD CHECK IF FT STUDENT
					<input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No If eligible for Employment Based Coverage, complete the following sections						
Child's Employer Name			Child's Employer Address		Child's Employer Phone	
Child's Spouse's Employer Name			Child's Spouse's Employer Address		Child's Spouse's Employer Phone	

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DEPENDANT SSN	RELATIONSHIP TO MEMBER CHECK ONE	STEP/GRAND CHILD CHECK IF FT STUDENT
					<input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No If eligible for Employment Based Coverage, complete the following sections						
Child's Employer Name			Child's Employer Address		Child's Employer Phone	
Child's Spouse's Employer Name			Child's Spouse's Employer Address		Child's Spouse's Employer Phone	

(Attach a separate sheet to your Permanent Data Form if you have more than four Dependents)

Signature of Employee		Date	
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**FORM IS NOT VALID IF NOT SIGNED AND DATED BY PARTICIPANT
FORM WILL BE RETURNED IF NOT SIGNED AND DATED.**

POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENT, THAT

I, _____ Social Security No. _____ do hereby nominate, constitute and appoint Roland Rexha as Secretary-Treasurer or his successor of District No. 1-PCD, Marine Engineers' Beneficial Association (AFL-CIO), 444 North Capitol Street, NW, Suite 800, Washington, DC 20001, my true and lawful attorney in fact, for me and in my place and stead for the following and no other purposes for the period of five (5) years from the date here of:

1. To open any envelope addressed to me care of District No. 1-PCD, MEBA, 444 North Capitol Street, NW, Suite 800, Washington, DC 20001 and delivered by hand or through the United States Mail to District No. 1-PCD, MEBA by the MEBA Vacation Plan and to take there from any check or checks made to my order by MEBA Vacation Plan as payment of vacation benefits.
2. To endorse my name on such checks or checks for me and in my name, place and stead, and to deposit such check in any bank account of District No. 1-PCD, MEBA, for the credit of District No. 1-PCD, MEBA; and
3. To deduct from the proceeds of such check or checks a sum equal in amount to the amount of initiation fee and/or vacation dues or service charge then due and owing from me to District No. 1-PCD, MEBA in accordance with the By-Laws of District No. 1-PCD, MEBA and its applicable rules and regulations; and
4. To mail to me at the address specified on the vacation application, a check from District No. 1-PCD, MEBA to any order in a sum equal to the balance remaining from the amount of the said MEBA Vacation Plan check after making the aforesaid deductions together with a written statement of account setting forth the amount of the MEBA Vacation Plan check, the amount deducted for dues or service charge and the balance remaining, and if the deductions equal or are in excess of the said MEBA Vacation Plan check, to mail to me a written statement of account, and the amount, if any, of dues or service charge then still due and owing by me to District No. 1-PCD, MEBA after making the aforesaid deductions.

AND, I hereby give and grant unto my said attorney in fact full power and authority to do and perform every act necessary, requisite or proper to be done in and about the aforesaid premises as fully as I might or could do were I personally present, with full power of substitution, hereby ratifying and confirming all that my said attorney in fact shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____ 20____.

In presence of:

(Full Signature of Applicant)

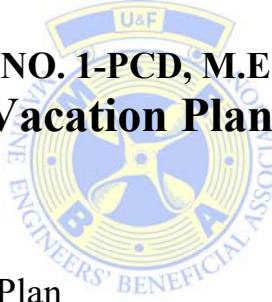
FOR THE STATE OF:

COUNTY/PARISH OF:

On this ____ day of _____, 20____ before me personally appeared _____, to me personally known and known to me to be a person who executed the foregoing power of attorney and duly acknowledged that he/she executed the same. **(Affix Notary Public – Seal)**

(Signature of Notary)

DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO)
M.E.B.A. Vacation Plan Authorization



To: M.E.B.A. Vacation Plan
1007 Eastern Ave.
Baltimore, MD 21202

Attn: M.E.B.A. Vacation Plan Administrator:

For the period of five (5) years from the date below, please send to me any checks for vacation due me under the M.E.B.A. Vacation Plan for which I may from time-to-time file the appropriate vacation claim care of District No. 1 – PCD, M.E.B.A. (AFL-CIO), Suite 800, 444 N. Capitol Street, N.W., Washington, D.C., 2001,

Very Truly Yours,

(Signature)

(Date)

(Print Name)

(Social Security Number)

(Address of Record)

(City, State, Zip)

WITNESS NAME: _____

WITNESS SIGNATURE: _____

M.E.B.A. DATABASE UPDATE FORM

(Please fill out this form completely)

Completed emailed forms can be sent to membership@mebaunion.org

Date Completed: _____ **Email Address:** _____

Name: _____

(Last)

(First)

(M.I.)

(SSN – Last 4 Digits)

(Home Phone Number)

(Cell Phone Number)

(Mailing Address)

(City, State)

(Zip)

Highest Current Unlimited License

Steam	Motor	Gas Turbine	Deck	MMC Expiration Date: _____
Chief	Chief	Chief	Master	
1 AE	1 AE	1 AE	C/M	STCW Endorsement Expiration Date _____
2 AE	2 AE	2 AE	2 M	
3 AE	3 AE	3 AE	3 M	Mariner Reference Number: _____

If highest License is Limited, specify here: _____

Mark all certifications earned and date on certificate

<i>Engine/Deck</i>	ATO/SST - (3 year expiration)	_____
<i>Deck</i>	Basic MSC Refresher - (5 years)	_____
<i>Deck</i>	CBRD Officer – (5 years)	_____
<i>Engine</i>	CMEO - (Once)	_____
<i>Deck</i>	Crowd Control & Crisis Management – (Once)	_____
<i>Engine</i>	Damage Control/CBRD - (5 years)	_____
<i>Deck</i>	Drug Testing/Collection - (5 years)	_____
<i>Deck</i>	ECDIS - (Once)	_____
<i>Deck</i>	EKMS - (5 years)	_____
<i>Engine</i>	Engineer Resource Management - (Once)	_____
<i>Engine/Deck</i>	Helo Firefighting - (5 years)	_____
<i>Deck</i>	LAN Manager - (Once)	_____
<i>Engine/Deck</i>	Leadership & Management - (Once)	_____
<i>Engine/Deck</i>	Leadership & Teamwork - (Once)	_____
<i>Deck</i>	Marine Environmental Officer - (5 years)	_____
<i>Engine</i>	MEECE - (Once)	_____
<i>Engine</i>	Small Arms - (1 year)	_____
<i>Deck</i>	SST - (Once)	_____
<i>Engine/Deck</i>	STCW Basic Training – (5 years)	_____
<i>Engine/Deck</i>	STCW Tanker Familiarization - (5 years)	_____
<i>Engine/Deck</i>	Tankship DL - (5 years)	_____
<i>Engine/Deck</i>	Vessel Security Officer - (Once)	_____

LNG Vessel Experience? Yes No

Secret Security Clearance? Yes No