



**DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO)**  
**Golden Gate Ferry**  
**INITIATION FEE AGREEMENT**



I understand and agree that as an Applicant for Membership in District No. 1 – PCD, M.E.B.A., I will pay the Association’s Initiation Fee of \$1,000.00 in accordance with the terms and conditions that are set forth below:

1. I hereby agree that upon accepting employment through the offices of District No. 1 – PCD, M.E.B.A., to pay the initial 25% deposit on the full initiation fee, and to pay the sum of \$62.50 per month, each month, until the total sum of \$1,000.00 is paid.
2. The first payment shall be due and owing thirty (30) days after I first accept employment through the offices of District No. 1 – PCD, M.E.B.A.
3. (a) I understand that payments toward my Initiation Fee that become due and owing will be made payable to District No. 1 – PCD, M.E.B.A. and remitted C/O Comptroller, M.E.B.A. District No. 1 – PCD, M.E.B.A. (AFL-CIO), 444 North Capitol Street, N.W., Suite 800, Washington D.C. 20001.  
  
 (b) Acceptable forms of payment include personal checks, certified checks, money orders and/or Dues check-off authorization if applicable. Clearly indicate on the payment that it is for the Initiation Fee.
4. I understand that if my Initiation Fee is not paid in full after a 12-month period, subsequent to my first date of employment, I will be obligated to complete payment of the balance due on such Fee within thirty (30) days after the completion of said 12-month period.

I further understand that I will forfeit any monies paid toward such Initiation Fee if I do not comply with the above provisions of this Agreement.

WITNESS:

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

Membership Affiliation: Golden Gate Ferry

**AUTHORIZATION AND APPLICATION FOR MEMBERSHIP**

To The Officers and Members of:

**DISTRICT NO. 1-PCD, MEBA (AFL-CIO)  
of the  
NATIONAL MARINE ENGINEERS'  
BENEFICIAL ASSOCIATION (AFL-CIO)**

I hereby apply for membership in the District No. 1-PCD, MEBA (AFL-CIO).

I do hereby authorize and designate the union, District No. 1-PCD, MEBA (AFL-CIO) as my sole collective bargaining representative to represent me and, in 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.

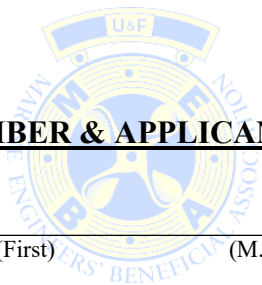
Pending my admission as a member into the Union, I shall be obligated to pay to the Union a service fee equal to what is being paid by members of their dues and I shall be entitled to exercise and enjoy only such rights and privileges (including shipping rights) as may be accorded to me under the outstanding 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)

**District No. 1-PCD, M.E.B.A. (AFL-CIO)**  
**GOLDEN GATE FERRY FACT SHEET**

In consideration of the waiver by the Golden Gate Ferries, District No. 1-PCD, M.E.B.A. (AFL-CIO) of the requirements that the initiation fee in the full amount of one thousand dollars (\$1000.00) be paid together with this application for membership, I hereby agree to deposit with this application twenty-five percent (25%) of the full initiation fee in addition to the regular quarterly service fee. I also agree to complete payment of the balance owed on the full initiation fee within one year from the date of my application and to continue to pay the regular service fee quarterly, in advance.

I understand that in the event my application for membership is rejected, the application fee paid by me will be refunded by the Union. I also understand that no guarantee of employment is either expressed or implied by the Union and that once the application for membership is accepted no refunds of initiation fees or service charges will be made.

Upon acceptance of your authorization and application for membership, you will be classified as an applicant for membership, Golden Gate Ferries, District No. 1-PCD, M.E.B.A. (AFL-CIO). I further understand that I am not permitted to transfer out of the Golden Gate Ferries until such time as I become a full member of District No. 1-PCD, M.E.B.A.

If you elect to quit the Golden Gate Ferries, or your employment is terminated for reasons not related to Union activity prior to completing two years of service, and thereafter, desire to obtain employment aboard vessels covered by other District agreements you will then be required to file a new application for membership at such time as applications are being accepted by the District. You will then be obligated for the District's regular initiation fee if your new application is accepted.

The Union therefore expects that the applicant will complete the requirements set forth in the Golden Gate Ferries, District No. 1-PCD, M.E.B.A. (AFL-CIO) program and any failure to complete the requirements will forfeit and void the authorization and the application made by you for membership.

I have read, understand, and agree to the above as witnessed by my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name of Applicant)



**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. 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 Marine Engineers' Beneficial Association (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.

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(Signature of Applicant)

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(Date)

---

(Print Name of Applicant)

---

(Social Security Number)

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(Witness)

**DISTRICT NO. 1-PCD, MEBA (AFL-CIO)**  
**ACKNOWLEDGEMENT OF DUTIES**

1. Whereas the undersigned has made application for membership in District No. 1 – MEBA for the purpose of sailing as a licensed marine officer aboard merchant vessels; and

2. Whereas in addition to being an integral part of commerce and trade, the United States Merchant Marine plays an important part in carrying out the foreign policy of the United States Government; and

3. Whereas the Merchant Marine’s role in carrying out foreign policy includes the transport of troops, munitions and other supplies for military forces of the United States and her allies to various parts of the world as required by the foreign policy:

LET IT BE KNOWN that the undersigned hereby acknowledges the above and further states that he will not refuse employment on a vessel, secured through the hiring hall of District No. 1 – PCD, MEBA carrying cargoes implementing American foreign policy as described in No. 3 above and will serve aboard vessels having such cargoes.

_____ (Print Name of Applicant)	_____ (Signature of Applicant)
_____ (Witness)	_____ (Date)
_____ (Signature of Parent or Legal Guardian)	
_____ (Print Name of Parent or Legal Guardian)	_____ (Relationship)

(In the event the Applicant is under the age of 21 years, this Agreement must be signed by one of the Parents of the Applicant or his Legal Guardian.)

**DISTRICT NO. 1-PCD, MEBA (AFL-CIO)**  
**APPLICANT IDENTIFICATION FORM**

The following information is requested with your Authorization and Application for Membership in order for District No. 1-PCD, MEBA (AFL-CIO) to be in compliance with the regulations issued by the Equal Employment Opportunity Commission under Title VII of the Civil Rights Act of 1964.

Please check the applicable boxes:

- |                                                            |                                                    |
|------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Male                              | <input type="checkbox"/> Female                    |
| <input type="checkbox"/> White                             | <input type="checkbox"/> Black                     |
| <input type="checkbox"/> Hispanic                          | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native |                                                    |
| <input type="checkbox"/> None of the above                 |                                                    |

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)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)





# 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><b>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.</b></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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , 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><b>Additional Information</b></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)					

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

**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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>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"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></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"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	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 <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
----------------------------------------------------------	----------------------------------------------------------	-------------------------------------------------

**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> )
----------------	--------------------------	------------------------------------------------

**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.
----------------------------------------------------------	-----------------------------------------------------------------------------------------

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.
----------------------------------------------------------	-----------------------------------------------------------------------------------------

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.
----------------------------------------------------------	-----------------------------------------------------------------------------------------



## WITHHOLDING AUTHORIZATION FOR M.E.B.A. POLITICAL ACTION FUND (PAF) CONTRIBUTIONS

I authorize my employer, \_\_\_\_\_ to withhold my  
monthly contribution of:

\$25.00     \$50.00     \$100.00     \_\_\_\_\_%    Other \$ \_\_\_\_\_

from my earnings in order to make political contributions to the M.E.B.A. Political Action Fund ("PAF"), 444 North Capitol Street, N.W., Suite 800, Washington, D.C. 20001.

I am sending a one-time donation via check or money order in the amount of  
\$ \_\_\_\_\_

This Authorization is voluntarily made based on my specific understanding that:

1. Signing of this Authorization and the making of these voluntary contributions are not conditions of membership in or of employment by the M.E.B.A.;
2. The figures above are mere suggestions, and I am free to contribute more or less than these guidelines;
3. I may refuse to contribute without reprisal;
4. The M.E.B.A. PAF, which is connected with the M.E.B.A., will use the voluntary contributions it receives for political purposes, including but not limited to making contributions to and expenditures for candidates for federal, state and local offices;
5. Contributions of gifts to the M.E.B.A. PAF are not deductible as charitable contributions for federal income tax purposes;
6. Federal law requires political committees to report to the Federal Elections Commission the name, mailing address, occupation and the name of employer for each individual whose contributions aggregate in excess of \$200.00 in a calendar year;
7. Washington State law prohibits an employer or other person from withholding a portion of a resident's earnings in order to make contributions to a political committee that must report to the Public Disclosure Commission or to a candidate or state or local office without written permission from that individual; and
8. I may revoke this Authorization at any time.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

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.

# Union Members: *Know Your Rights*



U.S. Department of Labor  
Washington, D.C. 20210

Office of Labor-Management Standards

The Labor-Management Reporting and Disclosure Act (LMRDA) guarantees certain rights to union members and imposes certain responsibilities on union officers to ensure union democracy, financial integrity and transparency. The Office of Labor-Management Standards (OLMS) is the Federal agency with primary authority to enforce many LMRDA provisions. If you suspect a violation of these rights or responsibilities please contact the Department of Labor at **1-866-4-USA-DOL**.

## Union Member Rights

**Bill of Rights** - Union members have:

- equal rights to participate in union activities
- freedom of speech and assembly
- voice in setting rates of dues, fees, and assessments
- protection of the right to sue
- safeguards against improper discipline

**Copies of Collective Bargaining Agreements** -

Union members and nonunion employees have the right to receive or inspect copies of collective bargaining agreements.

**Reports** - Unions are required to file an initial information report (Form LM-1), copies of constitutions and bylaws, and an annual financial report (Form LM-2/3/4) with OLMS. Unions must make the reports available to members and permit members to examine supporting records for just cause. The reports are public information and copies are available from OLMS.

**Officer Elections** - Union members have the right to:

- nominate candidates for office
- run for office
- cast a secret ballot
- protest the conduct of an election

**Officer Removal** - Local union members have the right to an adequate procedure for the removal of an elected officer guilty of serious misconduct.

**Trusteeships** - Unions may only be placed in trusteeship by a parent body for the reasons specified in the LMRDA.

**Protection for Exercising LMRDA Rights** - A union or any of its officials may not fine, expel, or otherwise discipline a member for exercising any LMRDA right.

**Prohibition Against Violence** - No one may use or threaten to use force or violence to interfere with a union member in the exercise of LMRDA rights.

## Union Officer Responsibilities

**Financial Safeguards** - Union officers have a duty to manage the funds and property of the union solely for the benefit of the union and its members in accordance with the union's constitution and bylaws. Union officers or employees who embezzle or steal union funds or other assets commit a Federal crime punishable by a fine and/or imprisonment.

**Bonding** - Union officers or employees who handle union funds or property must be bonded to provide protection against losses if their union has property and annual financial receipts which exceed \$5,000.

**Labor Organization Reports** - Union officers must:

- file an initial information report (Form LM-1) and annual financial reports (Forms LM-2/3/4) with OLMS.
- retain the records necessary to verify the reports for at least five years.

**Officer Reports** - Union officers and employees must file reports concerning any loans and benefits received from, or certain financial interests in, employers whose employees their unions represent and businesses that deal with their unions.

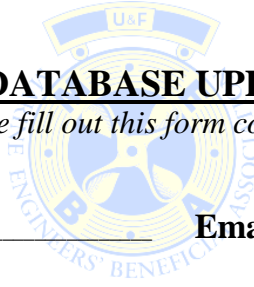
**Officer Elections** - Unions must:

- hold elections of officers of local unions by secret ballot at least every three years.
- conduct regular elections in accordance with their constitution and bylaws and preserve all records for one year.
- mail a notice of election to every member at least 15 days prior to the election.
- comply with a candidate's request to distribute campaign material.
- not use union funds or resources to promote any candidate (nor may employer funds or resources be used).
- permit candidates to have election observers.
- allow candidates to inspect the union's membership list once within 30 days prior to the election.

**Restrictions on Holding Office** - A person convicted of certain crimes may not serve as a union officer, employee, or other representative of a union for up to 13 years.

**Loans** - A union may not have outstanding loans to any one officer or employee that in total exceed \$2,000 at any time.

**Fines** - A union may not pay the fine of any officer or employee convicted of any willful violation of the LMRDA.



# M.E.B.A. DATABASE UPDATE FORM

(Please fill out this form completely)

**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	<b>MMC Expiration Date:</b> _____
Chief	Chief	Chief	Master	
1 AE	1 AE	1 AE	C/M	<b>STCW Endorsement Expiration Date</b> _____
2 AE	2 AE	2 AE	2 M	
3 AE	3 AE	3 AE	3 M	<b>Mariner Reference Number:</b> _____

**If highest License is Limited, specify here:** \_\_\_\_\_

Mark all certifications earned and date on certificate

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

LNG Vessel Experience? Yes No

Secret Security Clearance? Yes No