



# APPLICATION FOR M.E.B.A. MEMBER 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:** \_\_\_\_\_

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

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](mailto:membership@mebaunion.org)

*Once processed at M.E.B.A. HQ, a Member 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 Member Book:*