

Membership Affiliation: Cape May-Lewes Ferry



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:	Gend	er (M/F):
(Last)	(First) (M.I)	,
(Social Security Number)	(Home Phone Number)	(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)
(E-mail Address)	(M.E.B.A. Book Number	er) (Book Issued: Mo/Day/Y
(Birth Date)	(Birthplace: City/State/Country)	(Date Naturalized, City)
(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:		
(Status: Single, Married, Divorced)	(Name of Spouse)	(Number of Dependents)
(Height)	(Weight) (Ey	e Color) (Hair Color)
Signature:	Dat	e:

I. PRIOR MEMBERSHIP Have you ever previously made application for M.E.B.A. membership? If **Yes**, Where: _____ When:____ (Date of Application) __Dropped __ Withdrawn Prior Membership __ Rejected 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): _____ Status __ Name (Present Union and Local) (Member, Applicant, Journeyman, Apprentice) Former Union Affiliations Other Than District No. 1 – PCD, MEBA: _____ Status _ Name (Suspended, dropped, expelled, withdrew) (Former Union and Local)



DISTRICT NO. 1-PCD, MEBA (AFL-CIO) INITIATION FEE AGREEMENT

I understand and agree that as an Applicant for Membership in District No. 1 - PCD, MEBA, I will pay the Association's Initiation Fee of \$4,000.00 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, MEBA, I will pay the sum of \$160.00 per month, each month, until the total sum of \$4,000.00 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, MEBA.
- 3. (a) I understand that payments toward my Initiation Fee that become due and owing will be deducted from the proceeds of my vacation benefits, in accordance with the policy and procedures set up by the District.
 - (b)Authorization for these deductions has been given by me on appropriate forms that were provided with my Application for Membership.
- 4. I understand that if my Initiation Fee is not paid in full after the 25-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 25-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.

TTNESS:	Signature of Applicant
	Date

Cape May - Lewes Ferry Information Fact Sheet

ATTACHMENT TO THE APPLICATION FOR MEMBERSHIP FOR THOSE APPLICANTS APPLYING FOR MEMBERSHIP IN DISTRICT N0.1-PCD, MARINE ENGINEERS' BENEFICIAL ASSOCIATION (MEBA) UNDER THE PROVISIONS ESTABLISHED FOR THE CAPE MAY - LEWES FERRY SYSTEM.

Your application for membership in District No. 1-PCD, Marine Engineers' Beneficial Association (MEBA), AFL - CIO will be accepted under the following conditions:

- You are employed as a licensed Marine Officer or in an unlicensed capacity on vessels or ashore under a District contract with the CAPE MAY - LEWES FERRY SYSTEM.
- You must complete the proper Authorization and Application for Membership.
 Said 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 or through a dues/service charge check-off authorization during the period of your applicant status. The current quarterly service charge is 1% of gross wages.
- 4. The District Investigating Committee (DIC) will review all Applications for membership. At the time you apply for membership, you must submit payment of one quarter's service charge or have executed, and included with the application, a dues/service charge check-off authorization. If the DIC, at its discretion, rejects your application, you will be so notified and the service charge payment will be refunded.
- 5. Upon acceptance of your Authorization and Application for Membership, you will be classified as an Applicant for Membership under the District's Program for the CAPE MAY LEWES FERRY SYSTEM and will automatically be granted a Group III shipping status.

A Group III Shipping Card will be issued to you at the same time the Applicant Book is issued. Proper application for the Applicant Book may be made at any MEBA Branch office.

6. Upon completion of thirty-six (36) months service working on vessels or ashore under the MEBA contract with CAPE MAY - LEWES FERRY either in a licensed or unlicensed capacity and provided you have kept your regular quarterly service charge, and/or dues check-off status current you may request a review of your Application for Membership and request Group II shipping status.

To accomplish this, you should verify your employment with the Cape May – Lewes Ferry System, and submit same to the DIC. This also may be done at any MEBA Branch office. The DIC meets from time to time and your application will be reviewed in turn and in accordance with the requirements contained in this fact sheet. The DIC will then issue a report with its recommendations to the MEBA membership to vote on at their regular monthly membership meetings.

7. If you are advised of your acceptance as a member of MEBA, you may then apply for your Membership Book and Group II Shipping Card. This must be done at a MEBA Branch Office.

Moving from Group I to Group I is generally accomplished by total sailing time when there are openings in Group I as determined by the District and without regard to the date of Application.

8. If you elect to quit the Cape May – Lewes Ferry System, or are fired for reasons not related to union activity prior to completing the thirty-six (36) months of service as required by this Fact Sheet and thereafter, obtain or seek to obtain employment aboard vessels covered by MEBA agreements, you will then be required to file a New Authorization and Application for Membership with MEBA. You will then be obligated for the District's regular Initiation Fee.

The Union, therefore, expects that the applicant who fails to complete the requirements established for the CAPE MAY – LEWES FERRY SYSTEM will forfeit and void the Authorization and Application that was made for membership, this Fact Sheet and any Group Shipping privileges granted herein.

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 Marine Engineers' Beneficial Association Constitution, the Constitution of MEBA, the By-Laws of MEBA, the Shipping Rules, and the Rules and Regulations promulgated by the National Executive Committee (NEC), the MEBA Executive Committee and the membership. The applicant's attention is directed to the Rules and Regulations No.3, regarding applications for membership in the NMEBA and duly affiliated District's thereof.

I have read understood and a	agree to the above provisions as witness my han	d			
and seal this day of	, 20				
NAP4.	Cimpature of Applicant				
Witness	Signature of Applicant				



M.E.B.A. Authorization



Cape May-Lewes Ferry – Dues Check-Off

I,	_, authorize the Delaware River and Bay
Authority/Cape May Lewes Ferry	y to deduct one percent (1%) of my gross
wages each pay period as dues/ser	rvice fee for the union. Payment deductions
shall be remitted by the Authori	ty/CMLF to C/O Comptroller, M.E.B.A.,
District No. 1-PCD (AFL-CIO), 4	144 North Capitol Street, N.W., Suite 800
Washington D.C., 20001.	
Agreed:	
Signature	Date
Print Name	_



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.

(Signature of Applicant)	(Date)
(Print Name of Applicant)	(Social Security Number)
(Witness)	

POWER OF ATTORNEY KNOW ALL MEN BY THESE PRESENT, THAT

I, Social Security I nominate, constitute and appoint Bill VanLoo as Secretary-T	No do hereby
nominate, constitute and appoint Bill VanLoo as Secretary-Ta-PCD, Marine Engineers' Beneficial Association (AFL-Cle Washington, DC 20001, my true and lawful attorney in far following and no other purposes for the period of five (5) ye	O), 444 North Capitol Street, NW, Suite 800, ct, for me and in my place and stead for the
1. To open any envelope addressed to me care of District Street, NW, Suite 800, Washington, DC 20001 and delivered District No. 1-PCD, MEBA by the MEBA Vacation Plan and to my order by MEBA Vacation Plan as payment of vacation	d by hand or through the United States Mail to d to take there from any check or checks made
2. To endorse my name on such checks or checks for n deposit such check in any bank account of District No. 1-PC PCD, MEBA; and	
3. To deduct from the proceeds of such check or check initiation fee and/or vacation dues or service charge then due MEBA in accordance with the By-Laws of District No. 1-PC regulations; and	e and owing from me to District No. 1-PCD,
4. To mail to me at the address specified on the vacation PCD, MEBA to any order in a sum equal to the balance remarkation Plan check after making the aforesaid deductions to setting forth the amount of the MEBA Vacation Plan check, charge and the balance remaining, and if the deductions equal vacation Plan check, to mail to me a written statement of acceptive charge then still due and owing by me to District Not deductions.	aining from the amount of the said MEBA ogether with a written statement of account the amount deducted for dues or service al or are in excess of the said MEBA count, and the amount, if any, of dues or
AND, I hereby give and grant unto my said attorney in fact fevery act necessary, requisite or proper to be done in and about or could do were I personally present, with full power of subthat my said attorney in fact shall lawfully do or cause to be	out the aforesaid premises as fully as I might ostitution, hereby ratifying and confirming all
IN WITNESS WHEREOF, I have hereunto set my hand and	I 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 pers	sonally appeared,
to me personally known and known to me to be a person who and duly acknowledged that he/she executed the same.	o executed the foregoing power of attorney (Affix Notary Public – Seal)
(Signature of Notary)	

DSA-04POA: 7/07



1.

2.

5.

6.

7.

8.

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

I authorize monthly con	my employer, tribution of:			to withhold my
\$10.00	\$25.00	□ \$50 . 00	□%	Other \$
•		-		e M.E.B.A. Political Action ington, D.C. 20001.
☐ I am ser \$	_	e contribution v	via check or mon	ey order in the amount of
This Authoriza	tion is voluntarily m	ade based on my s	pecific understanding	that:
membership in The figures about I may refuse to The M.E.B.A. for political purfor federal, stat Contributions of tax purposes; Federal law reconstructions of \$200.00 in a Washington Stearnings in ord Commission or the Commission of the Indian Indi	or of employment the overare mere suggest contribute without in PAF, which is connected and local offices; of gifts to the M.E.B. quires political commutation and the name of calendar year; at a law prohibits are to make contribution.	chrough the M.E.B.A.cions, and I am free reprisal; ected with the M.E. at not limited to material. A. PAF are not demittees to report to of employer for each employer or other tions to a political ate or local office v	A.; to contribute more of A.B.A., will use the volking contributions to ductible as charitable the Federal Elections ch individual whose cer person from withh committee that must	ributions are not conditions of r less than these guidelines; pluntary contributions it receives and expenditures for candidates contributions for federal income as Commission the name, mailing contributions aggregate in excess colding a portion of a resident's treport to the Public Disclosure assion from that individual; and
Printed Name	e:			Date:
_				
Occupation:				
Signature				

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 <u>only</u> 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 <u>must</u> 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.

MEBA Medical & Benefits Plan 1007 Eastern Avenue Baltimore, MD 21202-4345 410-547-9111 * 800-811-MEBA (6322) * 410-547-6665 (Fax) * www.mebaplans.org

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 Na	ıme			Init	ial
Social Security Number									
Date of Birth (mm/dd/yyyy)		Sex (Select on					le nale		
Home Telephone Number	(Area Code:)						
Cellular Phone Number	(Area Code:								
E-mail address (If applicable)	@								
Affiliation (Check One)	O District No. 1	-PCD	, мева О	Plan Emplo	oyee O	Union 1	Employee O	Other:	
Active/Pensioner (Check One)	O Active O Pens	sioner	If Activ	vely Empl	loyed, N	Name o	of Present Em	nploye	er:
Marital Status (Check One)	○ Single ○ Married ○ Widowed ○ Divorced ○ Legally Separated								
Date Married, Widowed, Divorced or Legally Separated (mm/dd/yyyy)		○ Married ○ Widowed ○ Divorced ○ Legally Separated			rated				
Permanent Address	Number & Stree	et							
(Home of Record):	City, State, Zip	,							
Mailing Address (if different than Permanent Address	Number & Stree	et							
above):	City, State, Zip								
DEPEN	DANTS TO BE A		ED TO YO FULL NA		OICAL (COVE	CRAGE		
				,,					STEP/GRAND
LAST NAME FIRST NAME INITI	AL (MM/DD/YYYY)	D	DEPENDANT SSN			TO	ATIONSHIP MEMBER		CHILD CHECK IF
					o Spoi		IECK ONE		• Yes
					∘ Chil		· Adopted C	hild	o No
							 Grandchild 		
If dependant is an adult child/adopted If eligible for Employment Based Cov		_	_	-	Based Co	overage	e? (check one	e) • Y	es o No
Child's Employer Name	Child's Employe)118	Child's Employer Phone				
	Simu a Emplo								
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		
					○ Child ○ Adopted Child	o Yes		
					○ Stepchild ○ Grandchild	o No		
If dependant is	an adult child/	adopted cl	nild, is he or she	eligible for Employment	Based Coverage? (check one) O	Yes O No		
		sed Covera		e 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			
						L company (con the		
			DATE OF BIRTH		RELATIONSHIP	STEP/GRAND CHILD		
LAST NAME	FIRST NAME	INITIAL	(MM/DD/YYYY)	DEPENDANT SSN	TO MEMBER	CHECK IF		
					CHECK ONE	FT STUDENT		
					○ Child ○ Adopted Child	o Yes		
					○ Stepchild ○ Grandchild	o No		
					Based Coverage? (check one) O	Yes O No		
		sed Covera		e following sections				
Child's Employer	Name		Child's Employe	r Address	Child's Employer Phone			
Child's Spouse's Employer Name Ch		Child's Spouse's Employer Address		Child's Spouse's Employer Phone				
			DATE OF BIRTH		RELATIONSHIP	STEP/GRAND CHILD		
LAST NAME	FIRST NAME	INITIAL	(MM/DD/YYYY)	DEPENDANT SSN	TO MEMBER	CHECK IF		
		•	,		CHECK ONE	FT STUDENT		
					○ Child ○ Adopted Child	o Yes		
					○ Stepchild ○ Grandchild	o No		
If dependant is	an adult child/	adopted cl	nild, is he or she	eligible for Employment	Based Coverage? (check one) O	Yes O No		
-		-	*	e following sections	<i>g</i> : (- 			
		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				
(Attac	ch a separate sh	eet to you	r Permanent Da	ta Form if you have mor	e than four Dependants)			
<u> </u>	T							
Signature of					Date			
Employee								

FORM IS NOT VALID IF NOT SIGNED AND DATED BY PARTICIPANT FORM WILL BE RETURNED IF NOT SIGNED AND DATED.

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 fil<mark>l out this form completely)</mark>

Date Co	mpleted: _		E	mail Addr	'ess:		
Name: _			RS' BENEFIC				
	(Last)		(First)		(1	M.I.)	
(SSN	N – Last 4 D	Pigits) (Hon	ne Phone N	Tumber)	(Cell Ph	one Number)	
——————————————————————————————————————	3	ng Address) at <u>Unlimited</u> Lic	ense	(City, Stat	te)	(Zip)	
Steam	Motor	Gas Turbine	Deck	MMC Expi	ration Date	:	
Chief	Chief	Chief	Master	•			
1 AE	1 AE	1 A E	C/M	STCW End	orsement E	xpiration Date	
2 AE	2 AE	2 AE	2 M				
3 AE	3 AE	3 AE	3 M	Mariner Re	ference Nu	mber:	
If highes	st License i	s <u>Limited</u> , spec	ify here:				
Mark all	certification	ns earned and da	ate on certi	ficate			
_							
	Ingine/Deck		- (3 year ex	• /			
	Peck			r - (5 years)			
	eck Laine		ficer – (5 ye	ears)			
	Ingine Deck	CMEO - (. ,				
				risis Manag		Ince)	
	Ingine Deck	_		RD - (5 year			
	veck Veck	_	_	ion - (5 year	rs)		
	veck Veck	ECDIS - (EKMS - (
	Ingine		•	e Managen	nont (On		
	Ingine/Deck	_	fighting - (5	_	Hent - (One		
	eck		ngnung - (3 nager - (<i>Ond</i>	•			
	ngine/Deck			gement - (O	nca)		
	Ingine/Deck			work - (Onc		-	
	ngme, Beek Ieck		-	tal Officer -	*		
	Ingine	MEECE -		iai Officei -	(5 years)		
	Ingine		(Once) ns - (1 year	a)			
	ngme Ieck	SST - (On)			
	ngine/Deck	,	· ·	$\mathbf{g} - (5 \text{ years})$	<i>a</i>)		
	Ingine/Deck			ig – (5 years liarization -			
	Ingine/Deck		DL - (5 yea		- (5 years)		
	ngine/Deck	_					
L	ngine/Deck	v essei sec	curity Offic	ci - (Once)			