

Membership Affiliation: **DMC Marine**



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, 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)

NT		NT• 1		
Name:	(First)	Nicknai	ne:	
(Social Security Number)	(Home Phone Number)		(Cell Pho	one 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)	(MEBA Book	Number)	(Book Is	sued: Mo/Day/Yı
(Birth Date)	(Birthplace: City/State/Country)		(Date Na	turalized, City)
(Current MMC Endorsements)				
(Endorsements continued)	(MMC Number)		(MMC E	xpiration)
(TWIC Number)			(TWIC E	expiration)
(Passport Number)			(Passport	Expiration)
<u>Next of Kin</u> :				
(Name: Last, First)		(Relation	onship)	
(Contact Address)			(Phone N	lumber)
Personal Information:				
(Status: Single, Married, Divorced)	(Name of Spouse)		(Number	of Dependents)
(Height)	(Weight)	(Eye C	olor)	(Hair Color)
(Height) Signature:				(Hair Colo

Have you ever previo					
If Yes , Where:	(Branch)	W	hen:(]	Date of Application	ı)
Prior Membership	Rejected	Dropped	Withdraw	n	
Have you ever been f in this Union?					
II. PRESENT/PR Have you ever been working under a cont	employed as a	a licensed mar	1EBA?		vessels not
If Yes , supply inform	ation covering A	ALL such empl		'es or No) separate sheet if r	necessary):
COMPANY/UNION	SH	IP	RATING	FROM	ТО
List all Employment i	in the last three	(3) years not li	sted above (u	se separate sheet	if necessary)
COMPANY	CITY/STA	ATE PC	SITION	FROM	ТО
III. EDUCATION	N				
Are you a Maritime A	Academy gradua	te?		my) (Gradu	···
(If no, then what is th diploma?)	e Highest Level	of Education f	for which you	u have received	d a
	(Name of Schoo	ol; City, State and Y	ear Graduated)		
IV. UNION AFFI	ILIATIONS	(Check here if	none)		
Present Union Affilia	tions (Refer to Ob	ligation for other	licensed marine	e officers' organi	zations):
Name(Present Union and	Local)	Stat	tus (Member, Ap	plicant, Journeyma	n, Apprentice)
Former Union Affilia	tions Other Tha	n District No.	1 – PCD, ME	EBA:	



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

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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 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)







I _______ authorize DMC Marine to automatically deduct membership dues from my pay and remit same to M.E.B.A., District No. 1-PCD (AFL-CIO).

Signature

Date





Your application for membership in District No. 1-PCD M.E.B.A. (AFL-CIO) will be accepted under the following provisions established for DMC Marine.

1. All new hired unlimited licensed marine officers (who are not members of the M.E.B.A.) will be required to pay an initiation fee of \$4,000 to be paid at \$160.00 per month for a 25-month period starting with the first month of employment.

All new hired limited licensed and unlicensed personnel will be required to pay an initiation fee of \$2,500 to be paid at \$100 per month for a 25-month period starting with the first month of employment.

- 2. 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 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 your Application for Membership. At the time you apply for membership, you must submit payment of one quarter's service charge. If the DIC, at its discretion, rejects your application, you will be so notified and your 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 and a request for an Applicant book should be made at any M.E.B.A. Branch office.
- 6. When you have completed 25 months of covered employment in DMC Marine, have kept current your regular quarterly service charge and/or dues check-off status, and your initiation fee is paid in full, you may apply for Group II shipping status subject to availability of openings in Group II.

At the same time, you should verify your employment with DMC Marine and submit same to the District Investigating Committee. This also may be done at any District Branch Office. This will act as a request for review of your application for membership.

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 and further subject to all requirements of Deep Sea applications for members 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.

- 7. If you are advised of your acceptance as a member of M.E.B.A., you may then apply for your Membership Book. This may be done at any M.E.B.A. Branch Office.
- 8. 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

Signature of Applicant



M.E.B.A. Political Action Fund

Marine Engineers' Beneficial Association 444 North Capitol Street, N.W. Suite 800 Washington D.C. 20001

M.E.B.A.'s Political Action Fund (PAF) is a key tool that enables our Union to solidify the Union's political relationships in Congress. This is crucial for the continued viability of the U.S. Merchant Marine. We all benefit from a strong political advocacy program.

□ Yes, I want to support the Political Action Fund (PAF) to promote the concerns of members through M.E.B.A.'s legislative and political activities. I am sending a one-time donation via check or money order in the amount of

 $\Box \$10 \quad \Box \$25 \quad \Box \$50 \quad \Box \$100 \quad \Box$

The best way to make a secure P.A.F., Good & Welfare or Dues/Service Charge electronic payment is through the M.E.B.A. website located at <u>www.mebaunion.org</u> Please register and use your M.E.B.A. Control Number (first three letters of your last name + first initial of your first name + last four digits of your Social Security Number – example Marina Dylan SSN #1234 would be DYLM1234).

Name:	Signature:
Mailing Address	
Date:	Social Security # (last 4 digits)

Email Address:_____ Cell #_____

You are free to contribute more or less than the suggested amounts above. PAF contributions are voluntary and not a condition of membership in or employment through the M.E.B.A. You may refuse to contribute without reprisal. The M.E.B.A.'s PAF will use voluntary contributions for purposes including, but not limited to, making contributions to and expenditures for candidates for federal, state, and local offices. Contributions to the PAF are not deductible as charitable contributions for federal tax purposes. Federal law requires political committees to report to the Federal Election Commission each individual whose contributions aggregate in excess of \$200 in a calendar year. This authorization shall remain in full force and effect until revoked in writing by me to the Administrator of the M.E.B.A. Vacation Plan.

M.E.B.A. DATABASE UPDATE FORM

Please fill out this form completely as part of your Application packet.



Name:

(Last)	(Fr	irst)	(M.I)
(SSN – Last 4 Digits)	(Home Phone Number	r) (Cell Pho	ne Number)
(Mailing Addres	s) (Cit	ty, State)	(Zip)
(E-mail Addr	ess)		
(Highest Cu	rrent License Held – Inclu	ide Endorsemei	nts)
<i>Examples</i> : • C/E - Motor, Steam Unlimited – PIC, Tankerman Engineer			an Engineer

• Master – Unlimited Tonnage, PIC

Mark all certifications earned:

Engine

Engine	Deck
Damage Control/CBRD	CBRD Officer
\Box CMEO	ATO Officer
□ Small Arms	\Box EKMS
Helo Firefighting	LAN Manager
Engineroom Resource Management	Basic MSC Refresher
Leadership & Management	\square SST
\square MEECE	Helo Firefighting
	Marine Environmental Officer
	\Box ECDIS
	Leadership & Management

Do you have a secret security clearance? \Box Yes \Box No