



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) (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) (Book Issued: Mo/Day/Yr)

(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) (Eye Color) (Hair Color)

Signature: _____ **Date:** _____

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, MEBA (AFL-CIO)
VOLUNTARY RELINQUISHMENT OF JOB

I, _____, understand, as an applicant for membership in the District No. 1- PCD, MEBA, will, since I am shipping on their contracted vessel, voluntarily relinquish any job received through this organization, if I fail to become an elected member of this organization within the required time.

SIGNED _____ DATE _____

PRINT NAME _____

WITNESS _____

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, MEBA (AFL-CIO)
OBLIGATION

I, of my own free will and accord, do hereby solemnly and sincerely promise, swear and affirm that I will never reveal any of the signs, grips or passwords, nor impart any of the business or proceedings of any meeting of the District No. 1 – PCD, MEBA (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, 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.

(Signature of Applicant) (Date)

(Print Name of Applicant) (Social Security Number)

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 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

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

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status 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 		<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 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 	<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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



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.

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	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

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

LNG Vessel Experience? Yes No

Secret Security Clearance? Yes No