

Membership Affiliation: GOVF

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 voluntarily 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 if 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 and rules and regulations of the Union.

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 for 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 Constitution, By-Laws, and rules and regulations of the Union. I also bind myself not to join any other organization of licensed marine officers while I am a member of this organization. I also pledge to keep confidential any information related to collective bargaining strategies, negotiations and contracts or any other sensitive Union business.

It is further understood and agreed that the processing of my application for membership is subject to and conditioned upon the Constitution, By-Laws and rules and regulations of the Union covering such subject.

(Print Name of Applicant)

MSC NOAA USACE
(Mark Your Employer)

(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)

(Email Address - Print Clearly)

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:

(MMC Document #) (MMC Reference #) (MMC Expiration)

(Passport Number) (Passport Expiration) (Original License Training Obtained)

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)

Membership _____ Rejected or Dropped _____ Withdrawn _____
(Date) (Date) (Date)

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, M.E.B.A.? _____

(Yes or No)

If Yes, supply information covering ALL such employment (use separate sheet if necessary):

COMPANY	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/No) (Academy) (Graduation Date)

What is the Highest Level of Education for which you have received a diploma?

(Elementary, High School, Undergraduate School, Graduate School) (Name of School; City, State)

IV. UNION AFFILIATIONS

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, M.E.B.A.:

Name _____ Status _____
(Former Union and Local) (Suspended, dropped, expelled, withdrew)



Government Fleet Information Fact Sheet



Attachment to the Application for Membership for those Applicants Applying for Membership under the Provisions of the Rules and Regulations of the Government Fleet Organizing Program of District No. 1-PCD, Marine Engineers' Beneficial Association, AFL-CIO. Full membership in District No. 1-PCD, Marine Engineers' Beneficial Association, AFL-CIO will be granted to you under the provisions of the District Government Organizing Program **without payment** of the Organization's Initiation Fee (\$4,000) under the following conditions:

1. You are employed as a licensed Marine Officer on a Government vessel.
2. You must complete the proper authorization and application for membership. The 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 during the period of your applicant status and thereafter if elected to membership. The current quarterly service charge is \$150.00 per calendar quarter.
4. The District Investigating Committee will review your application for membership. Your application will be processed immediately after the payment of the initial quarterly service charge. Without the initial payment, applications won't be processed until the SF-1187 form clears and automatic dues withholding goes into effect. If the District Investigation Committee, at its discretion, rejects your application, you will be so notified and any 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 Government Organizing Program. An applicant book will then be issued to you. An application for your applicant book may be made at any District No. 1-PCD, M.E.B.A., AFL-CIO branch office.
6. When you have completed 720 days of actual employment (not including vacation time) working under the authority of your license as a Marine Officer with vessels of the U.S. Government fleet and have paid the regular quarterly service charges to the District for a minimum period of two years (eight quarters), you should verify this employment and submit same to the District Investigating Committee. This will act as a request for review of your application for membership. At the same time, you should apply for a group shipping card. Current policies and rules would grant you a Group II shipping card. All renewals of group shipping cards will be in accordance with the shipping rules and District Executive Committee (DEC) policies in effect at the time of renewal. This may be done at any District No. 1-PCD, M.E.B.A., AFL-CIO branch office. The District Investigating Committee 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 the requirements of all Deep Sea applicants for

membership, unless modified herein. The District investigating Committee will then issue a report with its recommendations to the membership. The membership votes to approve or reject applications at regular monthly meetings.

7. If you are advised of your acceptance as a member of District No. 1-PCD, M.E.B.A., AFL-CIO, you may then apply for your membership book. This and any application for a renewal or a change in group shipping card may also be made at any District No. 1-PCD, M.E.B.A., AFL-CIO branch office. **Note:** Membership and group shipping status are not the same. Membership is governed by the M.E.B.A. Constitution and By-Laws and group shipping status by the Shipping Rules.

8. If you elect to quit the U.S. Government Fleet, or your employment is terminated for reasons not related to union activity prior to completing the two years sea service (720 days as aforesaid) and, thereafter, seek or obtain employment aboard vessels covered by the District's agreements, you will then be required to file a new authorization and application for membership with the District under the then existing requirements for application for membership and at such time as applications are being accepted for membership; if you apply through this method, you will incur the standard initiation fee. The stated purpose of the Program is to organize the U.S. Government Fleets and strengthen the District in Fleets not already covered by our standard contract. The Union, therefore, expects that the applicant will complete the requirements set forth in the Organizing Program and any failure to complete the requirements will forfeit and void the authorization and application that was made by you 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, Constitution of District No. 1-PCD, M.E.B.A., By-Laws of District No. 1-PCD, M.E.B.A., Shipping Rules, and the Rules and Regulations promulgated by the National Executive Committee and/or the District No. 1-PCD, M.E.B.A. Executive Committee. The applicant's attention is directed to "Rules and Regulations No. 1" of the M.E.B.A. Constitution regarding membership for marine officers working on government vessels.

I have read, understood, and agreed to the above provisions as witness my hand and seal this

_____ day of _____ .

(SEAL) _____
Signature of Witness

Signature of Applicant

(SEAL) _____
Print Name of Witness

Print Name of Applicant

Revised: 5/3/19

REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Privacy Act Statement

Section 5525 of Title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation;

5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

1. Name of Employee (Print or Type-Last, First, Middle)	3. Employee Identification Number (SSN or Other)	3. Timekeeper Number N/A
2. Home Address (Street Number, City, state and ZIP Code)	5. Name of Agency (Include Bureau, Division, Branch or Other Designation)	

Section A-For Use By Labor Organization

Name of Labor Organization (Include Local, Branch, Lodge or Other Appropriate Identification)

Marine Engineers' Beneficial Association (M.E.B.A.)

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ \$23.07 per

(biweekly pay period) ~~or other pay period~~. (Strike out whichever period is not appropriate, based on arrangement with the employee's agency.)

Signature and Title of Authorized Official

Bill Van Loo, M.E.B.A. Secretary-Treasurer



Date (Month, Day, Year)

4/26/2016

Section B-Authorization By Employee

I hereby authorize the above named agency to deduct from my pay each pay period, or the first full pay period of each month, the amount certified above as the regular dues of the (Name of Labor Organization): M.E.B.A.

and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above named labor organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll office

of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll office of my employing agency. such cancellation will not be effective, however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

Contributions or gifts (including dues) to the labor organization shown at left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Signature of Employee

Date (Month, Day, Year)

FOR COMPLETION BY AGENCY ONLY - The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "YES", send this form to payroll. If "NO", return this form to the labor organization.)

YES

NO



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. 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**

☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ _____

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 www.mebaunion.org 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.



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Revised: 5/3/19

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