

## M.E.B.A. Application for Issuance of a Group II Shipping Card

To: M.E.B.A. (AFL-CIO) - 444 North Capitol Street, NW, Suite 800 - Washington, DC 20001-1570



Print Name

Control #

(first 3 letters of last name + 1<sup>st</sup> initial of first name + last 4 digits of SSN) Mailing Address: E-Mail Address: ► Forms submitted without the above information completed will not be processed. Attach current Group Card and Sailing Time Verification Form if applicable. *Check the appropriate box below and follow the instructions for the situation:* П Issuance of Group II Shipping Card for individual whose Group I card expired or whose Group II card expired but who was formerly in Group I with insufficient days to qualify for Group I. My last Group I card expired on \_\_\_\_\_\_. Do not send in any sailing days. Issuance of Group II Shipping Card for a former Group I who now qualifies to be re-П admitted to Group I. My last Group I card expired on . I now have 150 sailing days since the above date as listed and verified on the attached Sailing Time Verification Form. I acknowledge that I am still in Group II until an opening develops in Group I and I am notified of my re-admittance. Issuance of Group II Shipping Card to a Group III individual. I have been notified of my admittance into Group II. Additional sailing days not previously sent to M.E.B.A. Headquarters are listed and verified on the attached Sailing Time Verification Form. Re-issuance of Group II Shipping Card to a Group II individual who has never been in П Group I. List the last two years of sailing time with the most recent sailing time listed first using a Sailing Time Verification Form and attach it to this sheet. Also, send in any other sailing time not previously sent in to M.E.B.A. Headquarters. If your Group II Shipping Card expired more than one year ago, you must list sufficient sailing time to indicate you continuously met the sailing time requirements for a Group II card. Verified by:\_\_\_\_\_ Member's Signature:\_\_\_\_ SPACE BELOW FOR HEADQUARTERS USE ONLY Date Issued: \_\_\_\_\_\_ Verified by: \_\_\_\_\_

Original to M.E.B.A. HQ-1 copy to individual -1 copy for Hall's records