

Membership Affiliation: **WASHINGTON STATE FERRY**

**VOLUNTARY APPLICATION
FOR UNION 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 District No. 1-PCD, M.E.B.A. (AFL-CIO), in order that I become entitled to participate fully in the activities of the Union. These include attending membership meetings and parties, participating in the development of contract proposals, running for Union office or to serve on my workplace's negotiating committee, voting to ratify or reject proposed contracts, attending M.E.B.A.'s Easton, Maryland Calhoun Engineering School and utilizing the Union's non-exclusive WSF Hiring Hall and exclusive private sector Hiring Hall. I understand that only as a Union member will I be able to determine the course the Union takes to represent me and my coworkers in negotiations to improve my wages, fringe benefits and working conditions.

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, and subject to the below, 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.

I understand that under current law I can choose not to become a member of the Union and that this choice will not affect my employment status at the Ferries. If I choose not to become a Union member, I have several options with respect to the payment of dues and the Union initiation fee. Option 1, I can pay an amount equal to full dues and initiation fee, called a “financial core” agency fee. Option 2, if I have a bona fide religious objection to labor unions, I can pay full dues and fees to a charity, to be selected via negotiation with the Union. Alternatively, I can exercise Option 4, below. Option 3, if I have a first-amendment-based objection to the Union’s political or ideological positions or activities but not to its bargaining and contract enforcement efforts on behalf of employees at the Washington State Ferries, I can pay dues reduced by a percentage attributable to expenses related to the Union’s political or ideological activities, for example, lobbying. I can request information concerning the Union’s most recent allocation of expenditures devoted to activities germane to collective bargaining, contract administration, and grievance processing versus those devoted to political or ideological activities, such as lobbying, in order to determine whether or not I wish to become an objector. I have the right to contest that allocation.

I understand more information about Option 4 is available at [www.mebaunion.org/assets/1/6/Beck_Rights_\(.pdf\).pdf](http://www.mebaunion.org/assets/1/6/Beck_Rights_(.pdf).pdf) if I have a first-amendment-based objection to the positions taken by the Union in collective bargaining with the Washington State Ferries or in other dealings with Washington State or to the wages, benefits, and/or working conditions achieved in the Union’s contract with the Ferries, I can choose not to pay dues entirely.

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)

(Date)

(Signature of Applicant)



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)

(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)



WASHINGTON STATE FERRY INFORMATION SHEET

ATTACHMENT TO THE APPLICATION FOR MEMBERSHIP FOR THOSE APPLICANTS APPLYING FOR MEMBERSHIP UNDER THE PROVISIONS OF THE RULES AND REGULATIONS APPLICABLE TO WASHINGTON STATE FERRY EMPLOYEES OF DISTRICT NO. 1- M.E.B.A. (AFL-CIO).

CONGRATULATIONS AND WELCOME!
YOU ARE ON YOUR WAY TO BECOMING A MEMBER OF ONE
OF THE MOST POWERFUL LABOR UNIONS IN THE WORLD.

Thank you for applying to become one of us. After processing as explained below, your application will be voted upon by all of your future brothers and sisters in the Union at meetings from Boston to Los Angeles, Seattle to Tampa. In order for your Application to be processed:

1. Make arrangements to pay your \$4,000 Initiation Fee (\$2,000 for Oilers) and pay it off over a 25-month period. (It lasts a lifetime and it is well worth it - ask your Union Brothers & Sisters).
2. Remain employed with the Washington State Ferry system.
3. Complete the proper Application for Membership. Your signature on the Application should be witnessed by a Representative of the Union, who will then file it with the Union's Headquarters in Washington D.C.
4. Pay in advance the regular quarterly "service charge" (1.1% of Base Straight-Time wages of 80 hours per week, to include Vacation wages when received within the same 80-hour period) during the period of your applicant status.

A small committee of Union Members, called the District Investigating Committee, will review your Application for Membership. If the DIC, at its discretion, rejects your application for any reason, you will be so notified and your service charge payment will be refunded. Otherwise, you will be classified as an Applicant for Membership under the District's Washington State Ferry program and you will automatically be granted a Group III Shipping Card. This will give you the ability to use the M.E.B.A. Hiring Hall for openings anywhere within its global jurisdiction. All renewals of Group Shipping Cards or changes in Group status will be in accordance with the Shipping Rules and DEC policies in effect at the time of renewal or change. See www.mebaunion.org for forms and relevant documents.

After full payment of the \$4,000 initiation fee (\$2,000 for Oilers) and upon completion of your three-year service working under the authority of your mariner's document as an employee of the Washington State Ferry system with all service charge payments up-to-date, you may apply for a review of your application for membership by the District Investigating Committee. If an Oiler obtains an Engineer's license and they have been either temporarily or permanently promoted, the Initiation fee of \$4,000 must be satisfied and will then be payable over a 25-month period.

The DIC will then issue a report with its recommendations to the members to vote on at their regular monthly membership meetings.

If you are advised of your acceptance as a member of District No. 1 – 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 M.E.B.A. Branch Office.

Note: Membership and Group Shipping status are not the same.

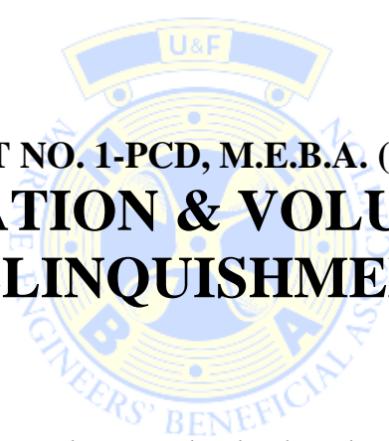
If you elect to quit the Washington State Ferry system, or your employment is terminated for any reason not related to union activity prior to completing the three years of service with the Washington State Ferry system, and thereafter, obtain employment aboard vessels covered by the District's agreements, you will then be required to start over and file a new Application with the District (along with initiation fee) under existing requirements for application for membership, and at such time as applicants are being accepted for membership.

Unless otherwise specifically modified by this attachment to the Application for Membership, your application is subject to all the rules, regulations, terms and conditions contained in the National M.E.B.A. Constitution, the Constitution of District No. 1 – M.E.B.A., the By-Laws of District No. 1- M.E.B.A., the Shipping Rules, and the Rules and Regulations promulgated by the National Executive Committee, the District No. 1 – M.E.B.A. Executive Committee and the membership. The Applicant's attention is directed to Rules and Regulations No. 1 and No. 3 regarding applications for membership in the National 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**_____

_____	_____ (Seal)
<i>Witness</i>	<i>Signature of Witness</i>

_____	_____ (Seal)
<i>Print Name</i>	<i>Signature of Applicant</i>



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

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 and understand I will have breached this contract between myself and the Union should I belong to or join another Licensed Marine Officers Union. This aforementioned breach will cause my application to be null and void and I may not be re-considered for re-application or membership. 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.

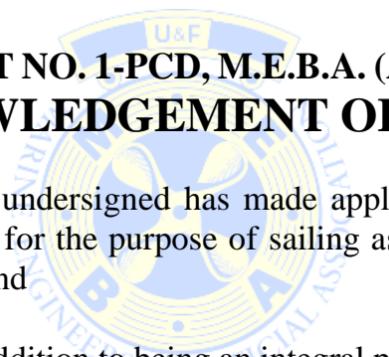
(Signature of Applicant)

(Date)

(Print Name of Applicant)

(Social Security Number)

(Witness)



DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO)
ACKNOWLEDGEMENT OF DUTIES

1. Whereas the undersigned has made application for membership in District No. 1 – M.E.B.A. 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, M.E.B.A. 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 the Legal Guardian.)

Voluntary Applicant Self-Identification Form

(Confidential - For Statistical Use Only)

We would appreciate it if you would take the time to complete this form, as part of our compliance requirements. M.E.B.A. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state, or local law.

The information below will be used only in the compilation of data for affirmative action reporting. Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment. Identification can be declared at any time prior to, or, if applicable, after hire.

Gender

☐ Male ☐ Female

Race/Ethnicity

☐ **American Indian/Native American or Alaskan Native** A person having origins in the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

☐ **Asian (not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, Japan, Korea, India, Malaysia, Pakistan, Nepal, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African** A person having origins in any of the black racial groups of Africa.

☐ **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White (not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Multiracial** A person whose biological parents are of different races.

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)

(Date)

(Witness name)

(Witness 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.



DISTRICT NO. 1-PCD, M.E.B.A (AFL-CIO) 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 membership Initiation Fee of \$4,000.00 as a Licensed Engineer Officer or \$2,000.00 as an Unlicensed Engine Room Employee in accordance with the terms and conditions set forth below.

Check Box that Applies:

☐ Licensed Engineer Officer

I hereby agree that upon accepting employment as a Licensed Engineer Officer through the offices of District No. 1-PCD, M.E.B.A., I will pay the sum of \$160.00 per month, each month, until the total sum of \$4,000.00 is paid.

OR

☐ Unlicensed Engine Room Employee

I hereby agree that upon accepting employment as an Unlicensed Engine Room Employee I will pay the sum of \$80.00 per month, each month, until the total sum of \$2,000.00 is paid. Upon accepting employment as a Licensed Engineer Officer through the offices of District No. 1-PCD, M.E.B.A., I will pay the additional sum of \$80.00 per month, each month, until the total sum of \$4,000.00 is paid.

AND

1. 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. as a Licensed Engineer Officer or upon accepting employment as an Unlicensed Engine Room Employee.
2. Authorization for these deductions has been given by me on the appropriate forms that were provided with my Application for Membership.
3. I understand that if my Initiation Fee is not paid in full within a 25-month Period commencing when I first accept employment through the office of District No. 1-PCD, M.E.B.A., I will be obligated to complete payment of the outstanding balance of my membership Initiation Fee within thirty (30) days.

I further understand I will forfeit any monies paid toward my membership Initiation Fee if I do not comply with all the provisions of this Agreement.

Signature of Applicant

Printed Name

Date

Witness Signature

Printed name

Date



WASHINGTON STATE FERRIES

VOLUNTARY AUTHORIZATION FOR DEDUCTION OF DUES



I hereby voluntarily assign to District No. 1-PCD, Marine Engineers' Beneficial Association (AFL-CIO) 444 North Capitol Street, N.W., Suite 800, Washington D.C., 20001 to deduct from wages earned or to be earned by me as your employee, such sums as membership dues including initiation fees or their equivalent in service fees as provided for in the Union's Constitution and By-Laws. I authorize and direct the State of Washington to deduct such amounts from my pay each pay period and to remit the same to the Union.

This Authorization is voluntary and is not conditioned on my present or future membership in the Union. Not signing it will have no impact on my employment status. Similarly, this Authorization continues in effect as long as I am employed under a M.E.B.A. collective bargaining agreement, even if I never become a member of the Union or resign my membership in the Union.

The assignment, authorization and direction shall be irrevocable for the period of one (1) year, or until the termination of the said new Collective Bargaining Agreement between the State and the Union, whichever occurs sooner; and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year each or for a period of each succeeding applicable Collective Bargaining Agreement between the State and the Union, whichever shall be shorter, unless written notice is given by me to the State of Washington, Washington State Ferries and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable Collective Bargaining Agreement between the State and the Union, whichever occurs sooner.

This authorization is made pursuant to the provisions of Section 302 of the Labor Management Relations Act of 1947 and otherwise.

Completed forms need to be emailed to wsdotqpayroll@wsdot.wa.gov; seattle@mebaunion.org; ewing@mebaunion.org; and kbatiste@mebaunion.org.

Agreed,

Signature of Employee

Date

Type or Print Name of Employee

Address

Email Address

Phone Number

XXX-XX-

Last Four of SSN



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)
-----------------------	---------------------------

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
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)				
Document Title				
Issuing Authority				

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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---

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.



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.

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.

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.mebapplans.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 only 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 must 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.

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 Name	Initial
Social Security Number			
Date of Birth (mm/dd/yyyy)		Sex (Select one)	<input type="radio"/> Male <input type="radio"/> Female
Home Telephone Number	(Area Code:)		
Cellular Phone Number	(Area Code:)		
E-mail address (If applicable)	@		
Affiliation (Check One)	<input type="radio"/> District No. 1-PCD, MEBA <input type="radio"/> Plan Employee <input type="radio"/> Union Employee <input type="radio"/> Other:		
Active/Pensioner (Check One)	<input type="radio"/> Active <input type="radio"/> Pensioner	If Actively Employed, Name of Present Employer:	
Marital Status (Check One)	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Legally Separated		
Date Married, Widowed, Divorced or Legally Separated (mm/dd/yyyy)		<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Legally Separated	
Permanent Address (Home of Record):	Number & Street		
	City, State, Zip		
Mailing Address (if different than Permanent Address above):	Number & Street		
	City, State, Zip		

DEPENDANTS TO BE ADDED TO YOUR MEDICAL COVERAGE (LIST FULL NAMES)

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
					<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No.. If eligible for Employment Based Coverage, complete the 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	

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
					<input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No.. If eligible for Employment Based Coverage, complete the 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	

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
					<input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No.. If eligible for Employment Based Coverage, complete the 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	

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
					<input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No.. If eligible for Employment Based Coverage, complete the 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	

(Attach a separate sheet to your Permanent Data Form if you have more than four Dependents)

Signature of Employee		Date	
--------------------------	--	------	--

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

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



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.