



Membership Affiliation: Chevron

## **AUTHORIZATION AND APPLICATION FOR MEMBERSHIP**

To The Officers and Members of:

### **DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO) of the NATIONAL MARINE ENGINEERS' BENEFICIAL ASSOCIATION (AFL-CIO)**

I hereby apply for membership in the District No. 1-PCD, M.E.B.A. (AFL-CIO).

I do hereby authorize and designate the union, District No. 1-PCD, M.E.B.A. (AFL-CIO) as my sole collective bargaining representative to represent me and, 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 service fees, I shall not be entitled to any refund or reimbursement of such 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.

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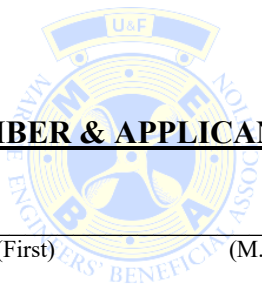
(Print Name of Applicant)

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(Signature of Applicant)

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(Date)



**M.E.B.A. MEMBER & APPLICANT DATA SHEET**

**Name:** \_\_\_\_\_ **Gender (M/F):** \_\_\_\_\_  
(Last) (First) (M.I)

\_\_\_\_\_  
(Social Security Number) (Home Phone Number)

\_\_\_\_\_  
(E-mail address) (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)

**Document Information:**

\_\_\_\_\_  
(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:**

\_\_\_\_\_  
(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)

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)



## Chevron 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 Chevron 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 Chevron 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 Chevron 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. 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 Chevron 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 continuous days of employment (sea days) – not including vacation time – working under the authority of your license as a Marine Officer with vessels of the Chevron fleet and have paid the regular quarterly service charges to the District for the entire duration of obtaining the aforementioned 720 Chevron sea days, you should verify 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 Chevron Fleet, or your employment is terminated for reasons not related to union activity prior to completing the two years sea service (720 sea 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 Chevron Fleet 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.

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

\_\_\_\_\_ day of \_\_\_\_\_.

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(SEAL)  
Witness

Signature of Applicant

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(SEAL) & Witness Signature

Print Name of Applicant



**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. I also will not accept any employment outside of the M.E.B.A. utilizing my marine officer license without the permission of the Union in accordance with the M.E.B.A. By-Laws and Shipping Rules. 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.

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(Signature of Applicant)

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(Date)

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(Print Name of Applicant)

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(Social Security Number)

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(Witness)



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.





# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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**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](http://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.

The logo of the Marine Engineers' Beneficial Association (M.E.B.A.) is a large, light blue watermark in the background. It features a central shield with the letters 'U&E' inside. The shield is surrounded by a circular border containing the text 'MARINE ENGINEERS' BENEFICIAL ASSOCIATION'.

## **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.



# Union Members: *Know Your Rights*



U.S. Department of Labor  
Washington, D.C. 20210

Office of Labor-Management Standards

The Labor-Management Reporting and Disclosure Act (LMRDA) guarantees certain rights to union members and imposes certain responsibilities on union officers to ensure union democracy, financial integrity and transparency. The Office of Labor-Management Standards (OLMS) is the Federal agency with primary authority to enforce many LMRDA provisions. If you suspect a violation of these rights or responsibilities please contact the Department of Labor at **1-866-4-USA-DOL**.

## Union Member Rights

**Bill of Rights** - Union members have:

- equal rights to participate in union activities
- freedom of speech and assembly
- voice in setting rates of dues, fees, and assessments
- protection of the right to sue
- safeguards against improper discipline

**Copies of Collective Bargaining Agreements** -

Union members and nonunion employees have the right to receive or inspect copies of collective bargaining agreements.

**Reports** - Unions are required to file an initial information report (Form LM-1), copies of constitutions and bylaws, and an annual financial report (Form LM-2/3/4) with OLMS. Unions must make the reports available to members and permit members to examine supporting records for just cause. The reports are public information and copies are available from OLMS.

**Officer Elections** - Union members have the right to:

- nominate candidates for office
- run for office
- cast a secret ballot
- protest the conduct of an election

**Officer Removal** - Local union members have the right to an adequate procedure for the removal of an elected officer guilty of serious misconduct.

**Trusteeships** - Unions may only be placed in trusteeship by a parent body for the reasons specified in the LMRDA.

**Protection for Exercising LMRDA Rights** - A union or any of its officials may not fine, expel, or otherwise discipline a member for exercising any LMRDA right.

**Prohibition Against Violence** - No one may use or threaten to use force or violence to interfere with a union member in the exercise of LMRDA rights.

## Union Officer Responsibilities

**Financial Safeguards** - Union officers have a duty to manage the funds and property of the union solely for the benefit of the union and its members in accordance with the union's constitution and bylaws. Union officers or employees who embezzle or steal union funds or other assets commit a Federal crime punishable by a fine and/or imprisonment.

**Bonding** - Union officers or employees who handle union funds or property must be bonded to provide protection against losses if their union has property and annual financial receipts which exceed \$5,000.

**Labor Organization Reports** - Union officers must:

- file an initial information report (Form LM-1) and annual financial reports (Forms LM-2/3/4) with OLMS.
- retain the records necessary to verify the reports for at least five years.

**Officer Reports** - Union officers and employees must file reports concerning any loans and benefits received from, or certain financial interests in, employers whose employees their unions represent and businesses that deal with their unions.

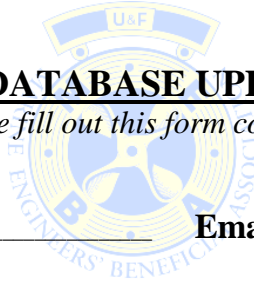
**Officer Elections** - Unions must:

- hold elections of officers of local unions by secret ballot at least every three years.
- conduct regular elections in accordance with their constitution and bylaws and preserve all records for one year.
- mail a notice of election to every member at least 15 days prior to the election.
- comply with a candidate's request to distribute campaign material.
- not use union funds or resources to promote any candidate (nor may employer funds or resources be used).
- permit candidates to have election observers.
- allow candidates to inspect the union's membership list once within 30 days prior to the election.

**Restrictions on Holding Office** - A person convicted of certain crimes may not serve as a union officer, employee, or other representative of a union for up to 13 years.

**Loans** - A union may not have outstanding loans to any one officer or employee that in total exceed \$2,000 at any time.

**Fines** - A union may not pay the fine of any officer or employee convicted of any willful violation of the LMRDA.



# 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	<b>MMC Expiration Date:</b>	_____
Chief	Chief	Chief	Master	<b>STCW Endorsement Expiration Date</b>	_____
1 AE	1 AE	1 AE	C/M	<b>Mariner Reference Number:</b>	_____
2 AE	2 AE	2 AE	2 M		
3 AE	3 AE	3 AE	3 M		

**If highest License is Limited, specify here:** \_\_\_\_\_

Mark all certifications earned and date on certificate

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

LNG Vessel Experience? Yes No

Secret Security Clearance? Yes No