



M.E.B.A. APPLICANT

Change of Bargaining Unit Affiliation



- | | |
|--|---|
| <input type="checkbox"/> Alaska State Ferry | <input type="checkbox"/> Govt. Fleet – Army Corps of Engineers |
| <input type="checkbox"/> Boston Marine | <input type="checkbox"/> Govt. Fleet – Military Sealift Command (MSC) |
| <input type="checkbox"/> Cape May/Lewes Ferry | <input type="checkbox"/> Govt. Fleet – NOAA |
| <input type="checkbox"/> Cargotec Port Engineers | <input type="checkbox"/> Harbor Ferry Svcs-Empire Harbor |
| <input type="checkbox"/> Chevron | <input type="checkbox"/> Keystone Shipping/LDO |
| <input type="checkbox"/> Connolly-Pacific | <input type="checkbox"/> Interlake Steamship |
| <input type="checkbox"/> Deep Sea | <input type="checkbox"/> Lamont Doherty |
| <input type="checkbox"/> Delaware Pilots | <input type="checkbox"/> Matson-Port Engineers |
| <input type="checkbox"/> DMC Marine (Donjon) | <input type="checkbox"/> POID |
| <input type="checkbox"/> FOSS | <input type="checkbox"/> Samson Tug & Barge |
| <input type="checkbox"/> GFC Crane Consultants | <input type="checkbox"/> Staten Island Ferry |
| <input type="checkbox"/> Golden Gate Ferry | <input type="checkbox"/> Washington State Ferry |
| <input type="checkbox"/> Other _____ | |

To switch your bargaining unit affiliation, write "FR" in the appropriate slots above to indicate the bargaining unit you are leaving and "TO" to indicate the one to which you are going. Please complete and return this form to M.E.B.A. Headquarters, Attn: Membership Dept., 444 North Capitol Street, N.W., Suite 800, Washington DC 20001. Fax: (202) 638-5369. E-mail: membership@mebaunion.org

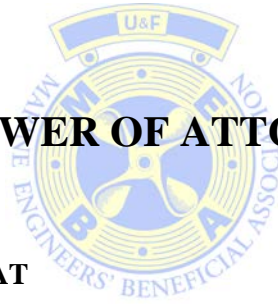
Applicants must include a signed "Power of Attorney Form," "Initiation Fee Agreement," "Vacation Plan Authorization" form and the "Database Update Form." In addition, Members and Applicants changing affiliation to Deep-Sea must also include the completed Plans "Permanent Data" and "Beneficiary Designation" forms and the "Database Update Form." Deep Sea members changing affiliation to any other unit need to complete the one-page "Change of Bargaining Unit Affiliation" form as well as the "Database Update Form." Forms should be returned to M.E.B.A. HQ.

I, _____ wish to change my bargaining unit affiliation from _____ to _____ effective _____.

This request is subject to all the rules, regulations, terms and conditions contained in the National M.E.B.A. Constitution, and the M.E.B.A. By-Laws, the Shipping Rules and the Rules and Regulations promulgated by the National Executive Committee and/or the District Executive Committee (DEC) currently in effect or as amended in the future.

Signed _____

Date _____



LIMITED POWER OF ATTORNEY FORM

BY THIS DOCUMENT, KNOW THAT

I, _____ Social Security No. _____ do hereby nominate, constitute and appoint Secretary-Treasurer Bill Van Loo, or his successor at District No. 1-PCD, Marine Engineers' Beneficial Association (AFL-CIO), 444 North Capitol Street, NW, Suite 800, Washington, DC 20001, my lawful attorney to act for me and in my place for the period of five (5) years from the date below, for the following specific purposes:

1. To open any envelope addressed to me care of District No. 1-PCD, M.E.B.A., 444 North Capitol Street, NW, Suite 800, Washington, DC 20001 whether delivered by hand or through the United States Mail or other commercial delivery service from the M.E.B.A. Vacation Plan and to take any check or checks made to my order by the M.E.B.A. Vacation Plan as payment of vacation benefits.
2. To endorse my name on such checks or checks for me and in my name from the M.E.B.A. Vacation Plan and to deposit such check in any bank account of District No. 1-PCD, M.E.B.A., for the credit of District No. 1-PCD, M.E.B.A.;
3. To deduct from the proceeds of such check or checks received from the M.E.B.A. Vacation Plan a sum equal in amount to the amount of initiation fee and/or vacation dues or service charge then due and owing from me to District No. 1-PCD, M.E.B.A. in accordance with the By-Laws of District No. 1-PCD, M.E.B.A. and its applicable rules and regulations;
4. To mail to me at the address specified on the M.E.B.A. Vacation Plan Authorization form a check from District No. 1 - PCD, M.E.B.A. in a sum equal to the balance remaining from the amount of the M.E.B.A. Vacation Plan check after making the appropriate deductions together with a written statement of account setting forth the amount of the M.E.B.A. Vacation Plan check, the amount deducted for dues or service charge and the balance remaining from the check and to mail to me a written statement of account, and the amount, if any, of dues or service charge still due and owing by me to District No. 1- PCD, M.E.B.A.

I hereby give and grant power of attorney to do and perform every act necessary to complete the acts referenced above as fully as I might or could do were I personally present, with full power of substitution, hereby ratifying and confirming all that my said attorney in fact shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____ 20____.

In presence of:

(Full Signature of Applicant)

FOR THE STATE OF:

COUNTY/PARISH/BOROUGH OF:

On this ____ day of _____, 20____ before me personally appeared _____, to me personally known and known to me to be a person who executed the foregoing power of attorney and duly acknowledged that he/she executed the same.

(Affix Notary Public – Seal)

(Signature of Notary)



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 in accordance with the terms and conditions set forth below:

1. I hereby agree that upon accepting employment 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.
2. The first payment shall be due and owing thirty (30) days after I first accept employment through the offices of District No. 1 – PCD, M.E.B.A.
3. I understand that payments toward my Initiation Fee that become due and owing will be deducted from the proceeds of my vacation benefits, in accordance with the policy and procedures set up by the District.
4. Authorization for these deductions has been given by me on appropriate forms that were provided with my Application for Membership.
5. 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.

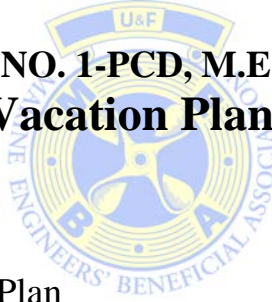
I further understand I will forfeit any monies paid toward my membership Initiation Fee if I do not comply with all the provisions of this Agreement.

Signature of Applicant

WITNESS

Date

DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO)
M.E.B.A. Vacation Plan Authorization



To: M.E.B.A. Vacation Plan
1007 Eastern Ave.
Baltimore, MD 21202

Attn: M.E.B.A. Vacation Plan Administrator:

For the period of five (5) years from the date below, please send to me any checks for vacation due me under the M.E.B.A. Vacation Plan for which I may from time-to-time file the appropriate vacation claim care of District No. 1 – PCD, M.E.B.A. (AFL-CIO), Suite 800, 444 N. Capitol Street, N.W., Washington, D.C., 2001,

Very Truly Yours,

(Signature)

(Date)

(Print Name)

(Social Security Number)

(Address of Record)

(City, State, Zip)

WITNESS _____

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 provided they are **not** eligible for other employment based coverage (other than parent's coverage). Employment based coverage is coverage that an adult child is eligible for due to the employment of the child or the child's spouse, regardless of whether the child enrolls in such coverage.
- You are required to verify the availability of employment based coverage for each biological and adopted adult child each year.

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.mebaplans.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.

CO-BENEFICIARY (IES) OR CONTINGENT BENEFICIARY (IES)

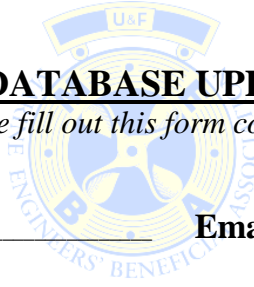
Name: Check One: <input type="checkbox"/> Beneficiary <i>or</i> <input type="checkbox"/> Co-Beneficiary				
	Last Name	First Name	Initial	Relationship
Address of Beneficiary				
	Number & Street	City	State	Zip
Beneficiary's Social Security Number			Percent (%) of Benefit:	_____ %
Date of Birth (mm/dd/yyyy)			Sex (Check One)	<input type="radio"/> Male <input type="radio"/> Female
Name: Check One: <input type="checkbox"/> Co-Beneficiary <i>or</i> <input type="checkbox"/> Contingent Beneficiary				
	Last Name	First Name	Initial	Relationship
Address of Beneficiary				
	Number & Street	City	State	Zip
Beneficiary's Social Security Number			Percent (%) of Benefit:	_____ %
Date of Birth (mm/dd/yyyy)			Sex (Check One)	<input type="radio"/> Male <input type="radio"/> Female

Name: Check One: <input type="checkbox"/> Co-Beneficiary <i>or</i> <input type="checkbox"/> Contingent Beneficiary				
	Last Name	First Name	Initial	Relationship
Address of Beneficiary				
	Number & Street	City	State	Zip
Beneficiary's Social Security Number			Percent (%) of Benefit:	_____ %
Date of Birth (mm/dd/yyyy)			Sex (Check One)	<input type="radio"/> Male <input type="radio"/> Female

(Attach a separate sheet to your Permanent Data Form if you have more than two Co-Beneficiaries)

Signature of Employee		Date	
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**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

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

LNG Vessel Experience? Yes No

Secret Security Clearance? Yes No