



Membership Affiliation: **FOSS**

## **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 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, 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) (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) (M.E.B.A. Book Number) (Book Issued: Mo/Day/Yr)

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

**District No. 1 – PCD, MEBA  
Bay & Rivers, Golden Gate Ferries, and FOSS  
INITIATION FEE AGREEMENT**

I understand and agree that as an Applicant for Membership in District No. 1 – PCD, MEBA, I will pay the Association's Initiation fee of \$1000.00 in accordance with the terms and conditions that are set forth below:

1. I hereby agree that upon accepting employment through the offices of District No. 1 – PCD, MEBA , to pay the initial 25% deposit on the full initiation fee, and to pay the sum of \$62.50 per month, each month , until the total sum of \$1000.00 is paid.
2. The first payment shall be due and owing (30) days after I first accept employment through the offices of District NO. 1 – PCD, MEBA.
3. (a) I understand that all payments toward my Initiation Fee that become due and owing will be made payable to District No. 1- PCD, MEBA and remitted to C/O Comptroller, MEBA District No.1 – PCD, MEBA (AFL-CIO), 444 North Capitol Street N.W., Suite 800, Washington, DC 20001.  
  
(b) Acceptable forms of payment include personal checks, certified checks, money orders and/or Dues check-off authorization if applicable. Clearly indicate on the payment that it is for Initiation Fee.
4. I understand that if my initiation fee is not paid in full after 12-month period, Subsequent to my first date of employment, I will be obligated to complete payment of the balance due on such Fee within thirty (30) days after the completion of said 12-month period.

I further understand that I forfeit any monies paid toward such Initiation Fee, if I do not comply with the above provisions of this Agreement.

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Signature of Applicant

WITNESS:

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Date

# MARINE ENGINEERS' BENEFICIAL ASSOCIATION (AFL-CIO)

444 NORTH CAPITOL STREET, NW, SUITE 800 WASHINGTON, DC 20001 PH: (202) 638-5355 FAX: (202) 638-5369

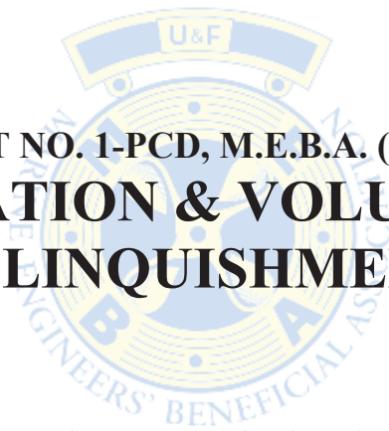
I, \_\_\_\_\_ authorize FOSS Maritime to automatically deduct payment/s as  
Indicated by the check mark below:

\_\_\_\_\_ Membership Dues at the rate of 50.00 a month until the yearly rate of \$600.00 a year is  
paid.

\_\_\_\_\_ Initiation fees at the rate of \$62.50 a month (for 16 months) until the sum of \$1000.00 is  
paid in full.

Authorized by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**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)

**DISTRICT NO. 1-PCD, MEBA (AFL-CIO)**  
**ACKNOWLEDGEMENT OF DUTIES**

1. Whereas the undersigned has made application for membership in District No. 1 – MEBA 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, MEBA 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 his Legal Guardian.)

**DISTRICT NO. 1-PCD, MEBA (AFL-CIO)**  
**APPLICANT IDENTIFICATION FORM**

The following information is requested with your Authorization and Application for Membership in order for District No. 1-PCD, MEBA (AFL-CIO) to be in compliance with the regulations issued by the Equal Employment Opportunity Commission under Title VII of the Civil Rights Act of 1964.

Please check the applicable boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> Male                              | <input type="checkbox"/> Female                    |
| <input type="checkbox"/> White                             | <input type="checkbox"/> Black                     |
| <input type="checkbox"/> Hispanic                          | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native |  |
| <input type="checkbox"/> None of the above                 |  |

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.

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(Signature of Applicant)

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(Witness)

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(Date)



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **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 (See instructions)		
<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. (See instructions)	<b>QR Code - Section 1</b> Do Not Write In This Space	
<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: _____ <b>OR</b>		
2. Form I-94 Admission Number: _____ <b>OR</b>		
3. Foreign Passport Number: _____ Country of Issuance: _____		

Signature of Employee	Today's Date (mm/dd/yyyy)
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**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 10/31/2022

**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.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> 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 &amp; 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)				

**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.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
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
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## 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
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <b>a.</b> Foreign passport; and <b>b.</b> Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record	
		6. Military dependent's ID card	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
		7. U.S. Coast Guard Merchant Mariner Card	
		8. Native American tribal document	4. Native American tribal document
		9. Driver's license issued by a Canadian government authority	5. U.S. Citizen ID Card (Form I-197)
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		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	7. Employment authorization document issued by the Department of Homeland Security

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

**Refer to the instructions for more information about acceptable receipts.**

**FOSS MARITIME, Southern California and District No. 1, MEBA (AFL-CIO)  
FACT SHEET**

In consideration of the waiver by FOSS Maritime, Southern California and District No. 1-MEBA (AFL-CIO) of the requirements that the FOSS Maritime, Southern California initiation fee in the full amount of one thousand dollars (\$1000.00) be paid together with this application for membership, I hereby agree to deposit with this application twenty-five percent (25%) of the full initiation fee in addition to the regular quarterly service fee of one hundred dollars (\$150.00). I also agree to complete payment of the balance owed on the full initiation fee within one year from the date of my application and to continue to pay the regular service fee quarterly, in advance. If desired the company will establish an automatic dues payment from the employee's paycheck upon receiving a dues authorization form.

I understand that in the event my application for membership be rejected, you will be so notified and your initial service charge payment/s will be refunded. I also understand that no guarantee of employment is either expressed or implied by the union and that once the application is accepted no refunds of initiation fees or service charges will be made.

Upon acceptance of your authorization and application for membership, you will be classified as an applicant for membership, FOSS Maritime, Southern California, District No. 1-MEBA (AFL-CIO). I further understand that I am not permitted to transfer out of The FOSS Maritime, Southern California division until such time as I become a full member of District No. 1, MEBA.

If you elect to quit FOSS Maritime, Southern California division, or your employment is terminated for reasons not related to Union activity prior to completing two years of service and thereafter, desire to obtain employment aboard vessels covered by other District agreements you will then be required to file a new application.

The Union therefore expects that the applicant will complete the requirements set forth in the FOSS Maritime, Southern California, District No. 1-MEBA (AFL-CIO) program and any failure to complete the requirements will forfeit and void the authorization and the application made by you for membership.

I have read, understand, and agree to the above as witnessed by my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Witnessed

\_\_\_\_\_  
(Signature of Applicant)



## WITHHOLDING AUTHORIZATION FOR M.E.B.A. POLITICAL ACTION FUND (PAF) CONTRIBUTIONS

I authorize my employer, \_\_\_\_\_ to withhold my  
*monthly* contribution of:

☐ \$25.00    ☐ \$50.00    ☐ \$100.00    ☐ \_\_\_\_\_%    Other \$ \_\_\_\_\_

from my earnings in order to make political contributions to the M.E.B.A. Political Action Fund ("PAF"), 444 North Capitol Street, N.W., Suite 800, Washington, D.C. 20001.

☐ I am sending a one-time donation via check or money order in the amount of  
\$ \_\_\_\_\_

This Authorization is voluntarily made based on my specific understanding that:

1. Signing of this Authorization and the making of these voluntary contributions are not conditions of membership in or of employment by the M.E.B.A.;
2. The figures above are mere suggestions, and I am free to contribute more or less than these guidelines;
3. I may refuse to contribute without reprisal;
4. The M.E.B.A. PAF, which is connected with the M.E.B.A., will use the voluntary contributions it receives for political purposes, including but not limited to making contributions to and expenditures for candidates for federal, state and local offices;
5. Contributions of gifts to the M.E.B.A. PAF are not deductible as charitable contributions for federal income tax purposes;
6. Federal law requires political committees to report to the Federal Elections Commission the name, mailing address, occupation and the name of employer for each individual whose contributions aggregate in excess of \$200.00 in a calendar year;
7. Washington State law prohibits an employer or other person from withholding a portion of a resident's earnings in order to make contributions to a political committee that must report to the Public Disclosure Commission or to a candidate or state or local office without written permission from that individual; and
8. I may revoke this Authorization at any time.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Signature: \_\_\_\_\_

# 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:	_____
<input type="checkbox"/> Chief	<input type="checkbox"/> Chief	<input type="checkbox"/> Chief	<input type="checkbox"/> Master		
<input type="checkbox"/> 1 AE	<input type="checkbox"/> 1 AE	<input type="checkbox"/> 1 AE	<input type="checkbox"/> C/M	STCW Endorsement Expiration Date	_____
<input type="checkbox"/> 2 AE	<input type="checkbox"/> 2 AE	<input type="checkbox"/> 2 AE	<input type="checkbox"/> 2 M		
<input type="checkbox"/> 3 AE	<input type="checkbox"/> 3 AE	<input type="checkbox"/> 3 AE	<input type="checkbox"/> 3 M	Mariner Reference Number:	_____

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

Mark all certifications earned and date on certificate

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

LNG Vessel Experience? ☐ Yes ☐ No

Secret Security Clearance? ☐ Yes ☐ No

# 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.



## **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.