

U.A. Local 370 Plumbers & Pipefitters Membership Application

Date: _____ Trade: _____ Experience: _____ / _____

Name: _____ / _____ / _____

S.S. # _____ Date of Birth: _____ / _____ / _____ Age: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Previous Address: _____

Married: _____ Spouses name: _____

Trade License Numbers: _____ With State of _____

Prior Member of the United Association: _____ Local #: _____ Date: ____ / ____ / ____

EMPLOYMENT RECORD

Present Employer: _____ from ____ / ____ / ____

Address: _____

Phone: _____ Employed as: _____

How Many Trades People work there: _____

Pay rate: _____ Who is the Master Plumber: _____

Benefits Currently Receiving: _____

Type of work Currently Performing: _____

Previous Employer: _____ from ____ / ____ / ____

Address: _____

Phone: _____ Employed as: _____

Other types of work you have preformed at this trade: _____

How did you here about us: _____

When can you begin working out of local #370: _____

Please put all additional information on reverse side

FOR LOCAL USE ONLY

Date submitted: ____ / ____ / ____ Executive Board Review _____

Examination Required: _____ Date Given: ____ / ____ / ____ Type: _____ Results: _____

Date app read to membership: ____ / ____ / ____ Results: _____

Date accepted by membership: ____ / ____ / ____ Initiation fee paid: _____ Date: ____ / ____ / ____

Date of Instruction: ____ / ____ / ____ Date of Initiation: ____ / ____ / ____

Comments _____