

WASHINGTON CEMENT MASONS

APPLICATION FOR APPRENTICESHIP

REGISTRATION NUMBER

DATE RECEIVED

Applying for admission to:

Western Washington Local 528 _____

Spokane Local 72 _____

Tri-Cities Local 72 _____

PERSONAL INFORMATION

Last Name _____

First Name _____

Middle Initial _____

Street Address _____

City _____

State _____ Zip Code _____

Phone Number _____ Alt. Number _____

Email address _____

Date of Birth _____

Please Check **One** ✓

Am. Indian/Alaskan Native

Black

White

Asian/Pacific Islander

Hispanic

Other _____

Sex Male Female

EDUCATION

1. Education Level: 8th grade or less 9th-12th grade G.E.D. High school diploma Some college College degree _____

2. Military Status: Non-veteran Veteran If yes, what branch? _____ If yes, how long? _____

Registered with Helmets to Hardhats?

3. List any additional education you have received and degrees you have earned.

<i>School</i>	<i>Course of Study</i>	<i>Degree, if any</i>
_____	_____	_____
_____	_____	_____

	<i>Program Name</i>	<i>School</i>	<i>Completed:</i>	<i>Yes</i>	<i>No</i>
4. List all Vocational training you received during or after high school.	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
5. List any pre-apprentice training.	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>

BACKGROUND

6. Do you have any construction experience? Yes No If yes, explain the experience. _____

7. Have you done work as a Cement Mason? Yes No If yes, explain the experience. _____

8. Do you have a valid WA Drivers License? Yes No Do you have a Commercial Drivers License? Yes No

9. Please list any safety or other certifications you have _____

ABILITY

10. Are you physically able to learn to safely perform the work of this trade? Yes No

11. Are you able to get to and from work anywhere within the geographical area that this apprenticeship covers? Yes No

12. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? Yes No

13. Are you able to climb and work from ladders, scaffolds, poles or towers of various lengths and heights? Yes No

14. Can you crawl and work in confined spaces such as attics, manholes and crawl spaces? Yes No

15. Are you able to read and/or understand instruction given IN ENGLISH, both written and verbal? Yes No

(OVER)

WORK HISTORY

List all employers, beginning with your present or most recent employer. Include military experience, summer jobs and part time jobs. Provide dates to show how long you were employed.

EMPLOYER	TYPE OF WORK PERFORMED	FROM	TO	REASON FOR LEAVING

If more space is needed, attach a separate sheet of paper to this form.

You must initial each of the statements below to indicate your knowledge and understanding. Do not hesitate to ask for clarification.

Initial

A. _____ I'm aware that it's my responsibility to keep this program informed of any changes in my address or telephone number.
 B. _____ I have read and understand the basic qualifications for entry into this program.
 C. _____ I understand that I must furnish documentation to provide evidence that I meet the qualifications for this apprenticeship.
 D. _____ I understand that I do not qualify for entry until I have met all qualifications and provided necessary documentation.
 E. _____ I understand that any false statement on this application form or other documents shall be cause for rejection of my application.
 F. _____ I understand that an incomplete or unsigned application will not be processed.
 G. _____ I understand that if I am selected into an apprenticeship I will be required to take a drug test and passed results will be shared with Clean Workforce and a drug card issued.
 H. _____ I understand I must fulfill a monetary obligation before being indentured to the Union program.
 I. _____ I understand I must complete a two week pre-job class before being dispatched to work.
 J. _____ I understand I attend and pass 168 hours of class time each year, as scheduled by the Coordinator, to proceed through the program.

I understand all of the above and state that, to the best of my knowledge, all information provided on this form is true and accurate; I hereby apply for an indenture with The Washington Cement Masons Apprenticeship, and agree that if selected; I will abide by all standards, rules and policies covered by the apprenticeship agreement.

Signed _____ Dated _____

Where did you hear about the Washington Cement Mason's Apprenticeship Program?

In order for you application to be complete, you must send photocopies of the following:

- **Valid driver's license**
- **Social Security card or other I-9 documentation**
- **High school diploma, official transcript or GED.**

Turn all materials in to Cement Masons and Plasterers Training Centers of Washington

In person or by mail: 3223 N. Market St. Spokane, WA 99207
 Or 2637 W. Albany Ave. Kennewick, WA 99336

Or by email: OPCMIAlocal72@outlook.com

You are encouraged to view our Standards of Apprenticeship at <http://lni.wa.gov/TradesLicensing/Apprenticeship/files/standards/0061.pdf>

APPRENTICESHIP AGREEMENT

Washington State Apprenticeship and Training Council



Registration No.
Registration Date (mm/dd/yyyy)
Approved By

Date of Agreement (mm/dd/yyyy)

THIS AGREEMENT IS BETWEEN:

Name of Registered Apprenticeship Program

AND

Apprentice Full Name (Last, First, Middle Initial, Suffix) (please print or type)		Social Security No.
Address		
City	State	Zip Code
Phone	Email	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Military Status <input type="checkbox"/> Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified _____		Ethnic Group: (choose one) <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin
Current Education Level <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or Greater		

AND (If Applicable)

EMPLOYER (Authorized Training Agent)

Name of Employer (Training Agent)	
Signature of Employer (Training Agent)	Date Signed By Employer (Training Agent)

Term of Apprenticeship (Hours or Months)	Apprenticeship Occupation (from Registered Standards of Apprenticeship)		
Date Apprenticeship Begins (mm/dd/yyyy)	Credit for Previous Experience (Hours or Months)	Registered at Wage Progression Step	Direct Entry**
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Direct entry: Apprentices registered using exceptions to the regular selection procedure as specified in the registered standards of Apprenticeship (i.e. exceptions, exemptions, variances).

The employer (training agent) and/or sponsor, the apprentice, and his/her parent or guardian (if a minor), hereby enter into the term of apprenticeship in conformity with the apprenticeship standards for the occupation indicated. The apprenticeship standards, approved by the Washington State Apprenticeship and Training Council, are hereby made a part of this agreement with the same force and effect as though written herein.

This agreement must be approved by and registered with the Washington State Apprenticeship and Training Council and may only be annulled by the council's own motion, after giving all parties notice and opportunity to be heard.

The employer (training agent) and/or sponsor, agrees to train the apprentice, and the apprentice agrees to perform the work of the occupation diligently and faithfully during the term of apprenticeship, in accordance with the terms and conditions of the apprenticeship standards.

Sponsor has made Apprenticeship Standards available to the apprentice.

APPRENTICE

Apprentice - Legal Signature
If a Minor, Parent or Guardian Signature

SPONSOR

Registered Apprenticeship Program Authorized Signature
Printed Name of Authorized Signature

All of the information provided/collected becomes public records that may be subject to inspection and copying by members of the public, unless an exemption in law exists such as RCW 42.56.230 (2), RCW 42.56.250 (2) and (3), or other State or Federal rule/law. Exempted information includes, but is not limited to street address, telephone number, personal electronic email address, social security number, and date of birth. Information may be shared for research purposes with other government agencies.

CEMENT MASONS & PLASTERERS APPRENTICE SCHOLARSHIP AGREEMENT

Between

APPRENTICE AND CEMENT MASONS AND PLASTERERS TRAINING TRUST OF WASHINGTON

WHEREAS, the Cement Masons and Plasterers Training Trust of Washington (hereinafter "Trust") and _____ (hereinafter "Apprentice") understand and agree that the Trust will expend significant sums of money for the training of the Apprentice over a period of four years in the skills necessary for employment in the Cement Mason industry (as used herein, the term "Cement Masons Industry" means work of the type covered by the Collective bargaining agreement to which Local 72 Cement Masons are a party, or other work to which a Cement Mason has been assigned); and

WHEREAS, those sums of money will result in a substantial direct benefit, as well as a substantial indirect and intangible benefit, to the Apprentice from this training; and

WHEREAS, the Trust has granted a Scholarship Loan to the Apprentice in the amount set fourth in paragraph 1, below, for the years 20__ through the completion of the Apprentice's training pursuant to the terms of this Agreement;

NOW, THEREFORE, the Trust and Apprentice on this ___ day of _____, 20____, hereby agree and covenant, for the good and valuable consideration set forth herein, as follows:

1. **Scholarship Loan.** The Trust and the Apprentice hereby agree that the cost of training, including books, manuals, necessary equipment, instructor salaries and related materials for the year 20_____ of training covered by this Scholarship Loan Agreement amounts to the sum of \$4,500 the first year and over \$18,000 for the four (4) years, and that **the Apprentice executes this Agreement and Promissory Note in the amount of \$18,000.**
2. **Terms of Training.** The Trust will provide training worth at least the amount loaned to the Apprentice hereby during the period from _____, 20____, to _____, 20____.
3. **Repayment of Scholarship.** The Scholarship Loan may be repaid by the Apprentice in full either in cash or set forth in the Promissory Note, or by in-kind credits as set forth in Paragraph 7.
4. **Warranty of the Apprentice.** The Apprentice agrees and warrants as a condition of receiving the Scholarship Loan that upon completion of the training provided pursuant to this Agreement, the Apprentice *will neither seek nor accept employment from and employer engaged in, nor become and employer engaged in any work covered by the Cement Masons Bargaining Agreement(s), unless such employment is performed under the terms of a Collective Bargaining Agreement that provides for the payment of contributions by such employer to Cement Masons and Plasterers Training Trust of Washington or its successor training trust.*
5. **Breach of This Agreement.** It will constitute an immediate breach of this Agreement if the Apprentice accepts employment in the Cement Mason Industry from an employer who does

not have a Collective Bargaining Agreement which provides for the payment of contributions to the Trust or like training trust.

6. **Repayment by In-Kind Credits.** An Apprentice, who works pursuant to a Collective Bargaining Agreement for an employer making payments to the Trust or its successor training trust, will receive a credit for each calendar year of such employment in accordance with the repayment schedule set out in the attached Promissory Note, and all subsequent Promissory Notes signed by the Apprentice. The amount due to the Trust for Scholarship Loan will be reduced in accordance with the Promissory Note.
7. **All Amounts Due and Payable if Breach Occurs.** If the Apprentice breaches this Agreement, all amounts due and owing on the Scholarship Loan, reduced by any credit received by the Apprentice pursuant to Paragraph 7, or by any cash payment made, will become immediately due and payable together with interest at the prime interest rate then prevailing at the Bank of America, or its successor, from the date of this Agreement, and all costs of collection, including reasonable attorney fees and court costs. All amounts due and payable shall be owed to the Trust. The Apprentice hereby agrees and covenants to accept personal service by the mailing of a copy of the Complaint brought pursuant to this Agreement to the current address provided in Paragraph 10 hereof. Venue in any legal action shall be laid in King County, Washington.
8. **Waiver of Breach.** An inadvertent breach of this Agreement can be waived in writing by the Trustees of the Trust in their sole discretion, and a waiver of such inadvertent breach of this Agreement will not be unreasonably withheld by the Trustees of the Trust.
9. **Notice.** All notices under this Agreement will be sent to the Trust as follows:

APPRENTICE

Name (Please Print)

Address

State & Zip Code

TRUST

Cement Masons & Plasterers
Training Trust of Washington

P.O. Box 34203

Seattle, WA 98124 City,

The Apprentice hereby agrees to promptly notify the Trust of any changes in Apprentice's address.

Signed and agreed this _____ day of _____, 20____.

Apprentice Signature

Cement Masons & Plasterers Training
Trust of Washington

By: _____
Training Coordinator

**APPRENTICE PROMISSORY DEMAND NOTE FOR CEMENT MASONS AND PLASTERERS
TRAINING TRUST OF WASHINGTON SCHOLARSHIP LOAN AGREEMENT**

Loan Amount: \$18,000

I, _____ (hereinafter known as "Apprentice") hereby promise to pay to the CEMENT MASONS & PLASTERERS TRAINING TRUST OF WASHINGTON (hereinafter "the Trust") on demand a Scholarship Loan of Eighteen thousand dollars (hereinafter "Loan Amount") in accordance with the terms and provisions of the Cement Masons' Apprentice Scholarship Loan Agreement between the undersigned and the Trust, dated _____, 20__ (hereinafter "The Agreement").

I also understand that the Loan Amount will be reduced, in accordance with Paragraph 7 of the Agreement for every year I work for an Employer who makes contributions, pursuant to a Collective Bargaining Agreement with the Cement Masons' Industry, to the Trust or successor training trust as follows:

Completed Years Worked	Percent of \$18,000 Reduced	Amount Reduced	Net Annual Amount Due
1	5%	\$900	\$17,100
2	6%	\$1,080	\$16,020
3	7%	\$1,260	\$14,760
4	8%	\$1,440	\$13,320
5	9%	\$1,620	\$11,700
6	11%	\$1,980	\$9,720
7	12%	\$2,160	\$7,560
8	13%	\$2,340	\$5,220
9	14%	\$2,520	\$2,700
10	15%	\$2,700	0
	100%		

I agree that if legal action is required to collect this Demand Note that I will pay interest at the prime rate prevailing as determined by Bank of America, or its successor, from the date of this Demand Note, plus reasonable attorney fees and all court cost.

Name: _____

Date: _____

Address: _____

City, State & Zip Code

Apprentice Signature

CEMENT MASONS & PLASTERERS TRAINING TRUST OF WASHINGTON

Anti-Harassment Policy & Procedures

All employees should be treated with respect at the workplace. The Operative Plasterers' & Cement Masons' International Association (Hereinafter OP&CMIA) will not tolerate discrimination or harassment against employees by supervisory personnel or co-workers. Such conduct is not only wrong, it is also prohibited by law.

Discrimination or unlawful harassment extends to, but not limited to, conduct involving the granting or denial of job benefits such as hiring, promotions, training, assignments, raises, classification, layoff or discharge based on a person's race, color, religion, sex, sexual orientation, gender, national origin, age or disability. It also includes instances where job benefits are exchanged for sexual favors. Harassment also includes conduct having the purpose or effect of unreasonable interfering with an employee's work performance or creating an environment that is hostile, abusive, threatening or intimidating.

All employees of the OP&CMIA, both supervisory and non-supervisory, must avoid conduct that may be perceived as harassment, including, but not limited to, (1) repeated remarks, derogatory slurs, offensive jokes, propositions, threats or suggestive comments that are, for instance, sexual or racial; (2) derogatory or demeaning writings, posters, cartoons, email, drawings, suggestive pictures, or obscene gestures; (3) unwelcome sexual advances or requests for sexual favors; (4) unwanted physical contact including touching and interference with an individual's normal work movement; and (5) making or threatening reprisals as a result of negative response to harassment.

Responsibility To Report Harassment or Discrimination

If you have been harassed, subjected to discrimination, or if a hostile environment has been created, you should report such conduct promptly. Report any harassment or discrimination committed by any person to the supervisor of the person committing the discrimination. If the harassment or discrimination is by your fellow co-workers, report the unlawful actions to your immediate supervisor. If the harassment or discrimination is by your immediate supervisor, report the unlawful action to the person to whom your supervisor reports.

If you are uncomfortable or fear retaliation by the person to whom you are expected to report, you may report to any other supervisor. In particular, you may report to General President Pat Finley or General Secretary-Treasurer Earl Hurd at (301)470-4200.

Investigation and Remedial Action

The OP&CMIA will seriously consider and investigate any reports of harassment or unlawful discrimination. Should the OP&CMIA determine that a report is truthful, it will take immediate action to remedy the situation, including instituting appropriate disciplinary actions against the person committing the harassment or unlawful discrimination.

The OP&CMIA will not retaliate or tolerate any retaliatory action against any person for reporting any form of harassment or unlawful discriminatory actions.

Employee Acknowledgment

Upon reviewing carefully this policy, I acknowledge that I understand its contents. I moreover agree to be bound by its terms and conditions.

Employee Signature

Date

CEMENT MASONS & PLASTERERS TRAINING TRUST OF WASHINGTON

Personal Protective Equipment (PPE) Use During Training

All Apprentices must wear appropriate PPE whenever they are in a work area.

PPE Includes the following:

Hardhat

Safety Glasses

Gloves-Appropriate type for the work being performed

Boots- ANSI approved work boots or approved rubber boots

High Viz- Class II

Any apprentice who refuses to comply will be subject to disciplinary action as follows:

First Violation- Verbal Warning

Second Violation- Cited & docked for non-participation for the rest of the day.

Third Violation- Appearance before the JATC Board.

I, _____, Understand and agree to follow the rules of the Apprenticeship regarding PPE.

DATE: _____

SIGNATURE: _____

WITNESSED: _____



Preliminary Drug Screen Result Form

Company Information

Company Name: Cement Masons & Plasterers Training Center of Washington

Address: 6737 Corson Avenue S, #D116, Seattle, WA 98108

Phone: 206-406-8138

Fax: 206-762-0896

Donor Information

Donor Name: _____ SSN or ID#: _____

Test Information

Reason for Test: Pre Employment Random Post Accident Reasonable Suspicion Periodic

Date of Collection: _____ Time of Collection: _____ : _____ AM / PM

Specimen Type: Oral Fluid

Test Lot #: _____ Remarks: _____

Certification and Consent

I certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for the presence of drugs and/or alcohol. Also, I hereby give permission for the release of the results of these test to my employer/prospective employer and/or their authorized healthcare professionals.

Donor Signature: _____ Date: _____

I certify that I collected the specimen provided by the aforementioned donor and that it was not substituted or adulterated to the best of my knowledge.

Collector Signature: _____ Date: _____

Preliminary Test Results

Negative for all

Positive

for the drugs marked:

Marijuana -THC

Opiate-Morphine - OPI/MOR

Amphetamine – AMP

Barbiturates – BAR

Methadone – MTD

Tricyclics-TCA

Propoxyphene – PPX

Buprenorphine – BUP

Alcohol (ALC)

Cocaine - COC

Methamphetamine - mAMP

Phencyclidine - PCP

Benzodiazepine - BZO

Ecstasy-MDMA

Oxycodone - OXY

Tramadol (TRA)

Fentanyl (FTY)

Alcohol (ETG)

Remarks: (eg. specimen integrity checks) _____

Confirmation

Specimen Sent to Lab for GC/MS Confirmation: YES NO Laboratory Specimen ID #: _____

**UNITED STATES of AMERICA APPLICATION FOR MEMBERSHIP
OPERATIVE PLASTERERS' AND CEMENT MASONS' INTERNATIONAL ASSOCIATION
OF THE UNITED STATES AND CANADA**

Please print clearly or type. Applications will not be processed if not completed and signed. In accordance with the International Constitution, when an applicant applies for membership in the International Association, the Financial-Secretary of the Local Union shall immediately forward to the International Association the applicant's completed application form along with \$75 fee to cover the costs of requests or search for records and registration.

ARE YOU A FORMER MEMBER OF OP&CMIA? _____
LOCAL NO. _____ REG. NO. _____

DO YOU OWE ANY OUTSTANDING FINES OR DUES TO YOUR FORMER LOCAL ? _____ IF YES, WHICH LOCAL? _____

US SOCIAL SECURITY # _____

NAME: LAST / FIRST / MI _____

MAILING ADDRESS _____

CITY STATE/PROVINCE ZIP/POSTAL _____

BIRTH DATE _____

PHONE: _____

EMAIL: _____

OBLIGATION OF NEW MEMBERS

I, _____, promise and pledge my word of honor that I am familiar with the law and Constitution of the International Association and of this Local Union and that I will not perform any acts in any way prejudicial to the best interest of the International Association, but will endeavor at all times to promote the International Association's prosperity and usefulness. I agree to remain loyal and true to the principles and policies and to be governed by the Constitution, by-laws and ritual of the International Association, and the local union, in any and all matters that now or may hereafter be included therein. I further promise and swear that I am not a member of any organization advocating the overthrow by force and violence of the Government of the United States. I take this obligation voluntarily, without any mental reservation, and I will, to the best of my ability, faithfully meet all obligations and discharge of my duties as a member of this association which I am about to enter, so help me God.

I, the undersigned, of my own free will and accord, respectfully make Application for Membership as stated above and hereby declare the above to be true statement of facts and if at any time it should be proven otherwise the Local Union/International has the right to cancel my membership and all monies paid forfeited.

If this membership application is accepted, I also hereby authorize the Operative Plasterers' and Cement Masons' International Association of the United States and Canada and its local unions to act for me as my exclusive collective bargaining representative in all matters pertaining to wages, hours, and other conditions of employment, with my current employer, as well as all other employers for whom I may become employed after this date on all present and future job sites. I understand that this card may be used to obtain recognition from my current or future employer without an election. This authorization is non-expiring, binding and valid until such time as I revoke it by notice in writing to both my local union and the OPCMIA.

I also recognize that this form is notice of my right to be or remain a non-member of the Union. I have a right to object to paying, and receive deduction for Union activities not germane to the duties as bargaining agent, provided that I file my objections in writing with the union within thirty (30) calendar days of becoming a non-member. Thereafter, upon my request, the Union will provide me with sufficient information to make an intelligent decision whether to object, and will apprise me of any internal Union procedures that I must follow to file an objection.

** This Section To Be Filled Out By Local Union Office Only **	
CHECK ONE ONLY	CHECK ONE ONLY
_____ JOURNEYPERSON	_____ PLASTERER
_____ APPRENTICE	_____ CEMENT MASON
_____ TRAINEE	_____ SHOP HAND
_____ SPECIALIST	
NON-REFUNDABLE REGISTRATION FEE \$75.00	
Check here to request a waiver under Circular Letter 13 dated February 26, 2021. By checking this box you acknowledge that you understand that the Local Union will be invoiced \$75.00 for any request that does not meet the requirements of Circular Letter 13 dated February 26, 2021.	
LOCAL'S INITIATION FEE	
TOTAL	
** This Section To Be Completed By International Office Only **	
REGISTRATION FEE CHECK# / DATE / AMOUNT	
INITIATION DATE / REGISTRATION #	
SEX: Male: Female: Other:	
RACE / ETHNICITY: (check all that apply)	
_____ Hispanic or Latino	_____ Asian
_____ Black or African American	_____ White
_____ Native Hawaiian or Other Pacific Islander	

INITIATION / SIGNATURE DATE _____

LOCAL NUMBER / AREA _____

APPLICATION SIGNATURE _____

LOCAL UNION SECRETARY-TREASURER SIGNATURE / DATE _____

**SUBMIT COMPLETED APPLICATION AND PAYMENT TO:
OPCMIA General Secretary Treasurer / 9700 Patuxent Woods Drive, Suite 200 / Columbia, MD 21046**



O.P.C.M.I.A Cement Masons & Plasterers

Local 72

LOCAL & INTERNATIONAL DUES CHECK-OFF AUTHORIZATION For: NAME: _____

LOCAL 72- AUTHORIZATION TO REPRESENT

I hereby authorize the Operative Plasterers' and Cement Masons' International Association, Local No. 72 to represent me for the purpose of collective bargaining in matters of wages, hours and other terms and conditions of employment, with my current employer, as well as all other employers for whom I may become employed after this date on all present and future job sites. I understand that this form may be used to obtain recognition from my current or future employer without an election. This authorization is non-expiring, binding and valid until I revoke it in writing.

NAME: _____ DATE: _____

SIGNATURE: _____

EMPLOYEE ADDRESS: _____

PHONE: _____ CELL: _____ CURRENT EMPLOYER: _____

JOB CLASSIFICATION: _____

LOCAL 72 – CHECK-OFF AUTHORIZATION

I, _____ [PRINT NAME], assign to Operative Plasterers and Cement Masons Local Union 72, from my earnings, a sum equal to the per-hour working membership dues (Local and/or International), and assessments for Union Programs, Building Fund, Compliance and International Training Fund, as may be established and modified by Local 72. Local 72 will notify my Employer of the current amounts due. I authorize and direct my Employer to deduct such sums and remit the money to Local 72. This assignment is irrevocable for one (1) year from this date or until the termination of the labor agreement, whichever occurs first. This assignment shall be renewed automatically, for successive 12-month periods. This authorization is subject to cancellation only by my resignation from the Union.

SIGNATURE: _____ PRINT: _____ DATE: _____

AUTHORIZATION FOR DUES DEDUCTIONS FROM NUMERICA CREDIT UNION

Your monthly union dues are due on the first of each month. An easy way to stay current is to have your monthly dues collected from your Numerica Credit Union savings account, just fill out the authorization form below. The deductions will be shown on your credit union statement and you will receive a receipt from Local # 72. It is quick and easy. I authorize OPCMIA Local #72 to collect from my Numerica Credit Union savings account any and all monies I may owe the union for initiation fees, dues, fines, assessments ect. on a regular and recurring basis. If I choose to cancel this authorization, I will notify both Numerica and Local #72 in writing.

SIGNATURE: _____ PRINT: _____ DATE: _____



O.P.C.M.I.A Cement Masons' & Plasterers' Local 72

Beneficiary Information Form

Personal Information:

Full Name: _____

S.S. #: _____

D.O.B.: _____

Phone #: _____

Mailing Address: _____

Beneficiary Information:

Full Name: _____

S.S. # _____

D.O.B.: _____

Phone #: _____

Mailing Address: _____

Emergency Contact Information:

Name: _____ **Phone #:** _____

Work History Form

Please list all employers, **beginning** with your **present** or **most recent** employer. Include military experience, summer jobs and part time jobs. Provide dates and show how long you were employed.

<u>EMPLOYER</u>	<u>TYPE OF WORK PERFORMED</u>	<u>FROM</u> M/YY	<u>TO</u> M/YY	<u>REASON FOR LEAVING</u>

Signature: _____ Date: _____

*Work experience may be verified with employers to determine your Journey Level eligibility.

CEMENT MASONS AND PLASTERERS TRUST FUNDS

PLEASE PRINT

ENROLLMENT FORM

F16

State: AK or WA Local No _____

IMPORTANT: Please complete this form in its entirety, listing all eligible dependents (spouse and/or children) and current beneficiary. **This form will replace any other enrollment/beneficiary form on file at the Administration Office.** It is necessary to provide copies of documentation such as a marriage certificate, birth certificate, adoption decree, legal guardianship, and/or parenting plan if applicable. If removing a spouse, provide a copy of the divorce decree, decree of legal separation or death certificate. **NOTE:** additional documents may be requested by the Administration Office. **Due to ACA/IRS reporting requirements, you must provide you and your dependent's Social Security Numbers, if you do not provide, this form will be returned to you.**

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Address Change #	<input type="checkbox"/> Name Change _____ <small style="text-align: center;">previous name</small>	<input type="checkbox"/> Change/Add Dependent(s)
---	---	--	--

NAME <small>(Last, First, Middle Initial)</small>	SOCIAL SECURITY NUMBER	SEX <small>(M/F)</small>	BIRTHDATE <small>(Mo/Day/Year)</small>	RELATIONSHIP to SUBSCRIBER	Check if Step, Foster or Adopted Child
Member				Self	
Mailing Address (Street or PO Box, City, State, Zip Code)					
Telephone Number			Email Address		
Spouse				Date of Marriage	
Eligible Dependents (see back for definition)					

1. Are you, your spouse, or other dependents enrolled in or eligible to enroll in any other group medical, dental or vision plan including Medicare?
 Yes No If "yes", please provide the information below. If enrolled in Medicare Parts A, B, or D, a copy of your Medicare ID card must be on file with the Administration Office.

Name of Subscriber with Other Coverage	Soc. Sec. Number	Policy or I.D. Number
--	------------------	-----------------------

Name and Address of Other Insurance Company	City	State	Zip
---	------	-------	-----

2. Insurance Covers: Subscriber Spouse Children 3. Other Coverage Includes: Medical Dental Vision

Beneficiary Change **BENEFICIARY DESIGNATION**

You may name anyone as your Beneficiary to receive benefits from the Trust. However, in community property states, your surviving spouse is entitled to any community property interest in your benefits.

HEALTH & SECURITY PLAN

Beneficiary Name _____

(Last)
(First)
(Relationship)

Beneficiary Address _____

(Street)
(City)
(State)
(Zip)
(Soc. Sec. No.)

PENSION PLAN – Death Benefit (complete only if applicable - not available for Local 72 or Local 478 members)

Beneficiary Name _____

(Last)
(First)
(Relationship)

Beneficiary Address _____

(Street)
(City)
(State)
(Zip)
(Soc. Sec. No.)

I hereby certify that the above information is true, correct and complete to the best of my knowledge and supersedes any beneficiary designation signed prior to the date shown below.

Date _____

 Signature (must be signed by participating member)

RETURN A COPY TO THE ADMINISTRATION OFFICE: P.O. BOX 34203 – SEATTLE, WA 98124-1203
 or scan and email to: Enrollment@wpas-inc.com or Fax to: (206) 505-9727
RETAIN A COPY FOR YOUR RECORDS

Cement Masons & Plasterers Trust Funds

Physical Address: 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address: PO Box 34203, Seattle, WA 98124
Phone: (877) 367-0528 • Fax: (206) 505-9727 • Website: www.cementmasonstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

Pin Request Form

(Member Only)

Please provide me with a personal identification number (PIN), which I understand when used in combination with my social security number or WPAS ID# will allow me access to “Member Login” information via the Cement Masons & Plasterers Trust Funds.

Member Name *(First, Middle Initial, Last):* _____

Member Social Security No. or Member WPAS ID#: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Mobile Phone:** _____

Email Address: _____

Member Signature: _____ **Date:** _____
(Must be signed by participating member)

You may return this form to the Administration Office in one of the following ways:

1. Mail:
Cement Masons & Plasterers Trust Funds
PO Box 34203
Seattle, WA 98124-1203
2. Fax: (206) 505-9727
3. Email: forms@wpas-inc.com