

**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 M/YY</u>	<u>TO M/YY</u>	<u>REASON FOR LEAVING</u>

Signature: _____ Date: _____

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

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