## 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	* * This Section To Be Filled	Out By Local Union Office Only * *		
completed and signed. In accordance with the International Constitution,	CHECK ONE ONLY AND	CHECK ONE ONLY		
when an applicant applies for membership in the International Association,	JOURNEYPERSON	PLASTERER		
the Financial-Secretary of the Local Union shall immediately forward to the	APPRENTICE	CEMENT MASON		
International Association the applicant's completed application form along with \$75 fee to cover the costs of requests or search for records and	TRAINEE	SHOP HAND		
registration.	SPECIALIST			
ARE YOU A FORMER MEMBER OF OP&CMIA?	NON-REFUNDABLE REGISTRATION	N FEE \$75.0		
LOCAL NOREG. NO				
DO YOU OWE ANY OUTSTANDING FINES OR DUES TO YOUR FORMER LOCAL ?  IF YES, WHICH LOCAL?	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			
HC COOLAL CECHDITY #	TOTAL			
US SOCIAL SECURITY #		leted By International Office Only * *		
	" This Section To Be Compi	leted by international Office Offig		
NAME: LAST / FIRST / MI		OUEOK# (DATE / AMOUNT		
	REGISTRATION FEE	CHECK# / DATE / AMOUNT		
MAILING ADDRESS				
CITY STATE/PROVINCE ZIP/POSTAL	INITIATION DA	TE / REGISTRATION #		
BIRTH DATE	SEX: Male: Female:	Other:		
BINTIDATE	RACE / ETHNICITY: (check all that			
PHONE:	Hispanic or Latino	Asian		
PHONE.	Black or African Americ			
EMAIL:	Native Hawaiian or Oth	lei Pacific Islandei		
and Constitution of the International Association and of this Local Union of the International Association, but will endeavor at all times to promote the International Association, but will endeavor at all times to promote loyal and true to the principles and policies and to be governed by the union, in any and all matters that now or may hereafter be included the advocating the overthrow by force and violence of the Government reservation, and I will, to the best of my ability, faithfully meet all oblig about to enter, so help me God.  I, the undersigned, of my own free will and accord, respectfully make Agricus statement of facts and if at any time it should be proven otherwise monies paid forfeited.  If this membership application is accepted, I also hereby authorize the United States and Canada and its local unions to act for me as my exhours, and other conditions of employment, with my current employer, on all present and future job sites. I understand that this card may election. This authorization is non-expiring, binding and valid until such I also recognize that this form is notice of my right to be or remained deduction for Union activities not germane to the duties as bargaining (30) calendar days of becoming a non-member. Thereafter, upon my intelligent decision whether to object, and will apprise me of any international decision whether to object, and will apprise me of any international decision whether to object, and will apprise me of any international decision whether to object, and will apprise me of any international decision whether to object, and will apprise me of any international decision whether to object, and will apprise me of any international decision whether to object, and will apprise me of any international decision whether to object, and will apprise me of any international decision whether to object, and will apprise me of any international decision whether to object, and will apprise me of any international decision whether to object and to be governed to the decision whether	n and that I will not perform any acts in the International Association's proseconstitution, by-laws and ritual of the Constitution, by-laws and ritual of the Property of the United States. I take this obtained and discharge of my duties as application for Membership as stated as the Local Union/International has the Coperative Plasterers' and Cement acclusive collective bargaining represeas well as all other employers for who has the used to obtain recognition from a time as I revoke it by notice in writing a non-member of the Union. I have a agent, provided that I file my objective request, the Union will provide me	posperity and usefulness. I agree to reflect International Association, and the least I am not a member of any organizabligation voluntarily, without any meas a member of this association which bove and hereby declare the above to the right to cancel my membership and Masons' International Association of entative in all matters pertaining to warm I may become employed after this of my current or future employer without go to both my local union and the OPCM a right to object to paying, and received in the organization of the paying of the paying of the paying of the with sufficient information to make		
INITIATION / SIGNATURE DATE	APPLICATION SIGNATUR	RE		
LOCAL NUMBER / AREA LOCA	AL UNION SECRETARY-TREASURER	SIGNATURE / DATE		



notify both Numerica and Local #72 in writing.

SIGNATURE:\_

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

INTERNATIONAL DUES CHECK-OFF AUTHORIZATION For: NAME:
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LOCAL 72- AUTHORIZATION TO REPRESENT	
for the purpose of collective bargaining in matters of wage current employer, as well as all other employers for whom	lasons' International Association, Local No. 72 to represent me s, hours and other terms and conditions of employment, with my I may become employed after this date on all present and future n recognition from my current or future employer without an lid until I revoke it in writing.
NAME:	DATE:
SIGNATURE:	
EMPLOYEE ADDRESS:	
PHONE:CELL:	CURRENT EMPLOYER:
JOB CLASSIFICATION:	
LOCAL 72 – CHECK-OFF AUTHORIZATION	
from my earnings, a sum equal to the per-hour working mount of the per-hour working mount of the per-hour working mount of the current amount and remit the money to Local 72. This assignment is irrevo	embership dues (Local and/or International), and assessments for anal Training Fund, as may be established and modified by Local ts due. I authorize and direct my Employer to deduct such sums cable for one (1) year from this date or until the termination of ent shall be renewed automatically, for successive 12-month by my resignation from the Union.
SIGNATURE:PRINT:	DATE:
AUTHORIZATION FOR DUES DEDUCTIONS FROM NUMERI	CA CREDIT UNION
collected from your Numerica Credit Union savings account be shown on your credit union statement and you will receive OPCMIA Local #72 to collect from my Numerica Credit Union	th. An easy way to stay current is to have your monthly dues it, just fill out the authorization form below. The deductions will eive a receipt from Local # 72. It is quick and easy. I authorize ion savings account any and all monies I may owe the union for not recurring basis. If I choose to cancel this authorization, I will

PRINT:\_



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

### **Beneficiary Information Form**

Personal Information:			neficiary	Information:		
Full Name:		<u>Ful</u>	Full Name:			
S.S. #:		<u>s.s</u>	.#			
D.O.B.:		D.C	).B.:			
Phone #:		Pho	one #:			
Mailing Address:				ress:		
Manning Address.			iiiig Add			
		-				
Emergency Contact In	<u>formation:</u>					
Name:		Phone #:				
	Work H	listory	/ For	m		
Diagon list all annulavana has		_				
jobs and part time jobs. Prov	<del></del> · ·			. Include military experience, summer		
<u>EMPLOYER</u>	TYPE OF WORK	FROM	TO	REASON FOR LEAVING		
	PERFORMED	M/YY	M/YY			
		•				
Signature:*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	rience may be verified with	employers to	Date	:your Journey Level eligibility.		
VVOIK EXDE	HEHEE HAY DE VEHINEU WILH	CHIDIOAGI2 10	acterrille )	your Journey Level eligibility.		

#### **CEMENT MASONS AND PLAS**

CEMENT MA PLEASE PRINT	SONS AND PLAST ENROLLMEN		[ ]	TUNDS  r WA Local No	F16
IMPORTANT: Please complete this form in its enti- replace any other enrollment/beneficiary form of marriage certificate, birth certificate, adoption decre- divorce decree, decree of legal separation or death ACA/IRS reporting requirements, you must pro- returned to you.	on file at the Administration (e.e., legal guardianship, and/or para certificate. NOTE: additional	Office. It is renting plan documents	e and/or children) a necessary to provi if applicable. If ren may be requested	nd current beneficiary. The copies of documentation oving a spouse, provide by the Administration O	on such as a a copy of the ffice. <b>Due to</b>
☐ New Enrollment ☐ Address Change	# 🗆 Name Change	previous name		☐ Change/Add Dep	endent(s)
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	SEX (M/F)	BIRTHDATE (Mo/Day/Year)	RELATIONSHIP to SUBSCRIBER	Check if Step, Foster or Adopted Child
Member				Self	
Mailing Address (Street or PO Box, City, State, Zi	p Code)				
Telephone Number		Email A	Address		
Spouse				Date of Marriage	
Eligible Dependents (see back for definition)					
Are you, your spouse, or other dependents enro     Yes □ No If "ves", please provide the	olled in or eligible to enroll in a				

NAN (Last, First, M		SOCIAL SECURITY NUMBER	SEX (M/F)	BIRTHDATE (Mo/Day/Year)	RELATIONSHIP to SUBSCRIBER	Che Step, I or Ad Ch
Member					Self	
Mailing Address (Street of	or PO Box, City, State, Zip	Code)				
Telephone Number			Email A	Address		
Spouse					Date of Marriage	
Eligible Dependents (see	back for definition)					
1. Are you, your spouse,  ☐ Yes ☐ No ☐ If with the must be on file with the	"yes", please provide the	lled in or eligible to enroll in information below. If enrolle	any other gi ed in Medic	roup medical, denta care Parts A, B, or	al or vision plan includir D, a copy of your Medi	ng Medio care ID
Name of Subscriber with	Other Coverage	Soc. Sec. Nur	mber	Po	licy or I.D. Number	
Name and Address of Ot	her Insurance Company			City	State	Zip
2. Insurance Covers: □	Subscriber □ Spouse	☐ Children 3. Other C	overage Inc	cludes:   Medica	al 🗆 Dental 🗆 Visio	n
☐ Beneficiary Change You may name anyone spouse is entitled to any	as your Beneficiary to r	BENEFICIARY DESIGNA eceive benefits from the Tru tterest in your benefits.		er, in community	property states, your su	ırviving
HEALTH & SECURI	TY PLAN					
Beneficiary Name	(Last)	(Fir	st)		(Relationship)	
Beneficiary Address	(Street)	(City)	(State)	(Zip)	(Soc. Sec. No.)	
PENSION PLAN – De	, ,	only if applicable - not avail	, ,	•	,	
Beneficiary Name	` •					
	(Last)	(Fir	st)		(Relationship)	
Beneficiary Address	(Street)	(City)	(State)	) (Zip)	(Soc. Sec. No.)	
	ne above information is	s true, correct and complet	te to the be	_	dge and supersedes ar	ıy
beneficiary designation	n signed prior to the da	ate shown below.				
C:ana	ture (must be signed by parti	cinatina mambar)	Date			

### **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 I	Member WPAS I	D#:		
Mailing Address:				
City:	State:		Zip Code:	
Home Phone:		<b>Mobile Phone</b>	<b>:</b>	
Email Address:				
Member Signature:(Must be signe	ed by participating member	)	Date:	

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