

APPLICATION FOR MEMBERSHIP AND DEDUCTION AUTHORIZATION



Local Union No. 3 of the International Union of Operating Engineers, AFL-CIO
PUBLIC EMPLOYEES DIVISION, CALIFORNIA, NEVADA AND UTAH



APPLICANT – Fill in all of the shaded areas (PLEASE PRINT)

If you have been a member of another Operating Engineers Local, please indicate Local Number in box marked “previous membership”

First Name			MI	Last Name			Social Security No.		
Birthdate		Sex (M/F)	Home Phone		*Cell Phone		Work Phone		
Mailing Address					City		State	Zip	
Personal Email				Work Email			Employee ID#		
Employer Name				Classification			Department		
Worksite Address					City		State	Zip	
ETHNIC DERIVATION (Check one box only)									
1 <input type="checkbox"/> Filipino 2 <input type="checkbox"/> Hispanic 3 <input type="checkbox"/> Native American/Indian 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> African American 6 <input type="checkbox"/> Other Non-White 7 <input type="checkbox"/> White									
Previous Mbr Status				Init. Local	Init. Date	Register #	Dist.		
Hir	Eth	CHK Code	Billing #	Dues Rate	Type	Local	Old Local	Agent	
Comments:									

I hereby authorize my Employer to withhold from my wages the current monthly dues rate set for my classification and to transmit said sum to Operating Engineers Local Union No. 3. I consent to the adjustment of such deduction (1) to conform to any future pay period change or (2) to reflect any change in fees of which the Employer may be advised by Operating Engineers Local Union No. 3. The authorization shall be in full force and effect until revoked by the undersigned or by Operating Engineers Local Union No. 3 consistent with the procedures set forth below.

I direct my employer to deduct from my pay regular amounts equal to the union’s membership dues and to transfer that money to the union, regardless of my membership status. I understand that the union may periodically adjust the amount, per the Operating Engineers Local Union No.3 Bylaws. I understand that I can cancel my membership in the Union at any time, which must be done in writing. I understand that in the event that I cancel my membership, I will maintain my commitment to continue the payments equal to the union’s dues for 12 months from my authorization date, the date I sign below, at which time my commitment will continue unless I revoke that commitment by giving the union a written notice, not less than ten (10) days and not more than twenty (20) days before the end of that 12-month period. I agree that the contributions authorized above shall continue and this authorization shall automatically renew annually. The revocation must be mailed to the union’s central office.

Applicant’s Printed Name	Signature	Date

Contributions or gifts to the International Union of Operating Engineers and this Local Union are not deductible as charitable contributions for federal income tax purposes.

*By providing my cell phone number, I understand that Local 3 may use automated calling technologies and/or text me on a periodic basis, subject to applicable rates, if any.

Type of Application:

- New Member
 Deposit of Withdrawal
 Reinstatement
 Reclassification
 Transfer In
 Deposit of Service Withdrawal

White Original, Yellow Copy — Main Office; Pink Copy — Member

Route copy of Original to employer to begin dues deductions if applicable.

OPERATING ENGINEERS LOCAL NO. 3 BENEFICIARY DESIGNATION FORM (PART II)
(ALL BENEFITS EXCEPT PENSION AND ANNUITY PLANS)

DESIGNATION OF BENEFICIARY

**1620 South Loop Road, Alameda, CA 94502
(510) 748-7450**

Note: The following beneficiary designation will apply to all union benefits "EXCEPT" the OE3 Pension Plan and the two Annuity Plans sponsored by Operating Engineers Local No. 3

LAST NAME		FIRST NAME IN FULL		MIDDLE NAME IN FULL	
STREET ADDRESS			CITY	STATE	ZIP
SOCIAL SECURITY NO.			TELEPHONE NO.		
DATE OF BIRTH / /	CURRENT MARITAL STATUS (Please Circle One)				
	Married	Never Married	Divorced	Legally Separated	Divorced & Remarried
SPOUSE'S NAME (If Legally Married)			DATE OF MARRIAGE		
SPOUSE'S SOCIAL SECURITY NO.			IF DIVORCED OR LEGALLY SEPARATED, GIVE DATE (S)		

EXPLANATION REGARDING DESIGNATION OF BENEFICIARY

The term "Beneficiary" means a person (including a trust) designated by a Participant. You may designate the same person to receive all benefits named on the lower portion of this form, or different persons to receive each of them. If you list more than one beneficiary, they shall share the applicable benefits equally unless otherwise designated. You also may designate a contingent beneficiary to receive benefits in the event of the death of your primary beneficiary(ies). If you do not designate a beneficiary, then applicable benefits will be payable as provided under the Plan. Please be advised that a divorce does not automatically change your beneficiary designation. You must complete another beneficiary designation form if you want to change your beneficiary after your divorce.

BE SURE TO COMPLETE THE ENTIRE FORM AND RETURN IT TO THE FRINGE BENEFITS OFFICE.

BENEFICIARY DESIGNATION

I, _____, Social Security No. _____ do hereby designate the following named person or persons as my beneficiary or beneficiaries to receive any monies that may be payable by reason of my death from all death benefits payable from the union **EXCEPT** the Pension Trust Fund for Operating Engineers, Operating Engineers Annuity Plan and the Hawaii Annuity Plan for Operating Engineers.

**Please note the following: a) if a trust is designated as beneficiary, please provide a complete copy of the trust document.
b) if multiple beneficiaries are desired, please provide as an attachment to this form.**

In the event of my death, pay any applicable benefits to:

PRINT NAME OF BENEFICIARY	SOCIAL SECURITY NO.	RELATIONSHIP	% of Distribution
ADDRESS			
CONTINGENT BENEFICIARY	SOCIAL SECURITY NO.	RELATIONSHIP	% of Distribution
ADDRESS			

DATE: _____ **SIGNATURE:** _____