

**United Association of Journeymen and Apprentices of the Plumbing  
and Pipe Fitting Industry of the United States and Canada, AFL-CIO**



**APPLICATION FOR MEMBERSHIP**

Print one character per block with blue or black ink pen only.  
Use an "X" or check mark in the boxes.

This application must be sent to the General Secretary-Treasurer, by the local union, upon admission of the member.

Local No.	SSN/SIN	Card No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Last Name		First Name		Initial
<input type="text"/>		<input type="text"/>		<input type="text"/>
Address				
<input type="text"/>				
City		State	Zip Code / Postal Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Phone No.		<input type="checkbox"/> Cell <input type="checkbox"/> Home		
<input type="text"/>		Email Address		

**TO BE COMPLETED BY LOCAL UNION**

**EXPERIENCE APPROVED FOR CREDIT**

Journeyman: Years	<input type="text"/>	Months	<input type="text"/>
Apprentice: Years	<input type="text"/>	Months	<input type="text"/>

New Initiation Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Re-Initiation Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Reinstated on Withdrawal Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

**CLASSIFICATION** (one block in each column must be checked)

<b>DIV</b>	<b>SKILL</b>
<input type="checkbox"/> BT	<input type="checkbox"/> Helper
<input type="checkbox"/> MT	<input type="checkbox"/> Trainee
<input type="checkbox"/> DIV	<input type="checkbox"/> Apprentice
	<input type="checkbox"/> Journeyman

<b>TRADE</b>
Trade Code
<input type="text"/>

<input type="checkbox"/> Hon/Mil	<input type="checkbox"/> Lapsed
----------------------------------	---------------------------------

\*Please return current member and travel cards

Sec 130(a)--"Members initiated in any local union before the 20th of the month shall pay dues for that month. On and after the 20th of the month, the dues shall commence on the first of the following month."

**INITIATED THROUGH:**

<input type="checkbox"/> General Office Activities	<input type="checkbox"/> Local Union Organizing	<input type="checkbox"/> Other
--	---	--------------------------------

Initiation Fee \$	<input type="text"/>	# Months Paid	<input type="text"/>
-------------------	----------------------	---------------	----------------------

**THE ABOVE INFORMATION MUST BE COMPLETED IN ITS ENTIRETY, OR THE APPLICATION WILL BE RETURNED**

List employers for whom applicant has been employed at the trade.

(1)	_____	Years	_____	Months	_____
(2)	_____	Years	_____	Months	_____
(3)	_____	Years	_____	Months	_____

I agree that any false statement herein made is just cause for cancellation of membership.

Have you previously requested membership in the United Association?

Have you ever been a member of the United Association?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	When (mo/yr)	_____

Applicant is aware of Section 129 and 130. If local union collects part payment for initiation, and applicant fails to be heard from within three weeks, the local may declare the amount forfeited.

I do promise and pledge my word of honor that I will abide by the principles, policies and the Constitution and By-Laws of the United Association and the local union now in force and as may hereafter be enacted; that I will not commit any act prejudicial to the best interest of the United Association or the local union; that I am not a member of any organization advocating the overthrow by force or violence the government of the United States or Canada; that I will faithfully endeavor to attend meetings and I will at all times assist members of the United Association.

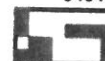
Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Form 41 Rev 12/11

Fax to: (410) 267-0957

34545



**MEMBER INFORMATION**

**PLEASE PRINT**

**NAME:** \_\_\_\_\_

**SOCIAL INSURANCE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**TELEPHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **CONTACT #:** \_\_\_\_\_

**\*PENSION BENEFICIARY:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**TRADE:** \_\_\_\_\_ **TQ#:** \_\_\_\_\_

**TRADE:** \_\_\_\_\_ **TQ#:** \_\_\_\_\_

**TRADE WORK HISTORY:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# STANDARD FOR EXCELLENCE

The United Association Standard for Excellence policy is a labour-management commitment to uphold the highest industry standards for quality in the work place and ensure customer satisfaction.

## MEMBER AND LOCAL UNION RESPONSIBILITIES

To ensure the UA Standard for Excellence platform meets and maintains its goals, UA business managers, shop stewards and local memberships shall ensure all members:

Arrive on time. Adhere to lunch and break times. (Personal cell phones are only used at this time)

Be prepared with required tools. Respect tools and equipment supplied by employer.

Adhere to the zero tolerance substance abuse policy.

Eliminate work disruptions.

Ensure safe on-time completion of projects.

Respect property. Vandalism is not tolerated.

Be productive and dress appropriately.

Respect and adhere to employer and customer rules and policies.

Follow management directives.

Enhance skill level by using local and international training classes and take advantage of the certification system.



# STANDARD FOR EXCELLENCE

## EMPLOYER AND MANAGEMENT RESPONSIBILITIES

MCAA / MSCA / PFI / MCPWB / PCA /

UAC and NFSA and its signatory contractors have the responsibility to manage their jobs effectively.

They have the following responsibilities under the UA Standard of Excellence:

Ineffective management, superintendents, journey workers and apprentices will be returned to the referral hall.

Provide worker recognition.

Ensure all materials needed are available.

Provide storage for tools.

Provide leadership to jobsite supervisors.

Ensure leadership takes responsibility for mistakes created by management decisions.

Be consistent and fair with disciplinary action.

Create and maintain a safe work environment.

Promote and support continued education and training.

Have properly manned projects.

Treat employees with respect.

Cooperate and communicate with job steward.

*More about the UA Standard for Excellence policy can be  
reviewed at your local union headquarters.*

## STANDARD FOR EXCELLENCE

Dear Journeyman:

As a Journeyman in the United Association (UA), you have the well earned reputation of being the best and most productive worker in the construction trades. The UA and its signatory contractors are committed to providing you the best possible opportunity for a long and productive career in the trade you have chosen. As part of that pledge, the UA, in partnership with various employer associations, has adopted the attached Standard for Excellence.

These standards apply not only to apprentices and provisional journeyman, but to you as well. The special skills you have learned and demonstrated that warranted your designation as a journeyman bring additional expertise to the work site that are necessary for the future of this organization. The work habits you demonstrate will be part of the foundation upon which the UA and its signatory contractors seek to protect and expand their market share. Your dedication to these principles will show owners that the UA's commitment to excellence is not a short term gimmick, but a genuine pledge now and for the future. Your local union has adopted these standards as an official policy, thereby cementing them into the fabric of your workplace experiences. Please sign in the space provided below, indicating your receipt of the Standard of Excellence, your acknowledgement that they have been explained to you and your agreement to be bound to these principles.

Thank you and please join me as we move forward on a platform built upon the Standard for Excellence.

Fraternally yours,

***Jim Noon***

Business Manager

\_\_\_\_\_  
Journeyman Signature

\_\_\_\_\_  
Journeyman Name – Please Print

Date: \_\_\_\_\_

U.A. LOCAL 324  
**PROTECTION OF PRIVACY POLICY**

U.A. Local 324 respects the privacy of its members and is committed to protecting the privacy of the personal information we gather and retain for administrative purposes, while allowing reasonable access and/or exchange of information between limited parties with whom the Local Union is professionally engaged. Local 324 will comply with Provincially and Federally legislated Privacy Acts(s) to ensure that our member's information is used for authorized purposes only. Local 324 will not be responsible for any actions of third parties once the information is exchanged.

**COLLECTION AND USE OF PERSONAL INFORMATION**

Local 324 collects personal information that is required for proper administration of the Union and will include;

Members Name	Names of family members
Members Birth date	Birth dates of family members
Social Insurance Number	Home address/ mailing address
Phone/Fax Number	Email Address
Emergency Contact names and numbers	Benefit Plan Information
Beneficiary & Life Insurance information	Trade Qualifications / Driver's license
Wage Rates / Earnings	Past Employment History

Additional information may be collected should a member become involved in a grievance, labour relations board application, workers compensation board appeals, employment insurance appeals, employment standards complaints or trial.

**DISCLOSURE**

Some, or all, of your personal information may be disclosed to approved third parties:

- Where the Local Union is required by law to obtain, maintain, and report information to government bodies, such as Canada Customs and Revenue Agency (CCRA) or other legal or administrative proceedings
- Where proceedings with grievances, arbitration, mediation, litigation or settlement of any disputes or issues exist between the Local Union and Employer, or the B.C. Labour Relations Board
- Where required by law
- Where the U.A. International Office requires updating of member information/status
- Where Employers seek trade qualifications and employment histories

- Where the Union Benefit Plan Providers require information
- Where an individual member authorizes release of personal information to a specified party
- For identification purposes a member's social insurance number is authorized for use as an "identity number" within the union membership administration program to post all Employer deducted dues and remittances; and by the Union's Benefit Plans (Health & Welfare and Pension) for identification purposes and for the purposes of reporting to Income tax office
- Local 324 does not disclose personal information to other members or to any other person, agency, or organization without obtaining separate and express permission to do so by the member

**CONSENT** - By providing U.A. Local 324 with your personal information on file, a member consents to the disclosure and utilization of their records for the purposes mentioned herein. The Unions' membership administration system program was established, is maintained, and is backed up daily by Dynamic Management Solutions. Dynamic Management Solutions will not retain or disclose any personal information contained in this data. It is the member's responsibility to ensure that personal information provided to the Union is correct and up to date.

**ACCESS TO PERSONAL INFORMATION** - Upon request, all members shall have access to all personal information held. The Union reserves the right to refuse requests in situations where disclosure of information; may be protected legally, could harm the position of the organization, would reveal personal information about another individual, or where the information is generated for the purpose of a mediation/arbitration or court hearing of a confidential nature.

**WITHDRAWAL OF CONSENT** - A member may withdraw consent by providing written notice. However, withdrawal of such information may limit or prevent aspects of membership within the Local Union.

**PRIVACY OFFICER** - All information pertaining to the policies and practices established by U.A. Local 324 are available for review. The Business Manager has been designated as the Privacy Officer has been designated and may be reached by contacting the Union office.

---

Journeyman Name

---

Date

---

Journeyman Signature

**United Association of Journeyman and Apprentices  
Of the Plumbing and Pipefitting Industry  
Of the United States and Canada**

Pledge SEC. 153. Each applicant before becoming a member shall take the following pledge or oath of obligation:

I, (state name) \_\_\_\_\_, in the presence of this Local Union, do truly promise and pledge my word of honor that I am familiar with the provisions and requirements of the Constitution and By-Laws of the United Association and that I will not perform any act in any way prejudicial to the best interest of the United Association, but will at all times endeavor to promote its prosperity and usefulness. I hereby agree to remain loyal and true to the principles and policies and to be governed by the Constitution and By-Laws and Ritual of the 101 United Association and the Local Union in any and all matters now or that may hereafter be included therein. I further pledge that I will faithfully attend all meetings of the Local Union unless prevented by sickness or other causes beyond my control. I will at all times assist members of the United Association to the extent of my ability, defend them when unjustly treated or slandered, and cultivate for each and every member the warmest friendship and brotherly love. I will assist unfortunate or distressed members to procure employment. I do 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 or of Canada. I take this obligation voluntarily, without any mental reservation, and bind myself until death under the penalty of scorn due to moral perjury and violated honor as one unworthy of trust or assistance.

Signature\_\_\_\_\_

Dated\_\_\_\_\_

Location\_\_\_\_\_



# VICTORIA MECHANICAL INDUSTRY PENSION PLAN - BENEFICIARY DESIGNATION

A. MEMBER LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL INSURANCE NO: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ GENDER: ☐ Male ☐ Female

**B. MARITAL STATUS DECLARATION** - Your spouse has important rights under the Pension Plan. The Pension Benefits Standards Act defines "spouse" to mean, in relation to you, the person who  
a) was married to you, and has not lived separate and apart from you for a continuous period longer than 2 years immediately preceding the "relevant time" or  
b) was living with you in a marriage like relationship, for a period of at least 2 years immediately before the "relevant time"  
Relevant time : means the date of your retirement or death as is appropriate

I hereby certify that I have read the above definitions and that as of the date of this declaration, I am

☐ Single ☐ Married ☐ Common law ☐ Separated ☐ Divorced ☐ Widowed

**C. SPOUSAL INFORMATION - Only Complete if You are Married or in a Common Law Relationship**

SPOUSES LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	DATE OF MARRIAGE OR CO-HAB

Note: If your spousal relationship ends, your former spouse may still have family law based entitlements to a portion of your pension. If your marital status changes in the future, please contact your Plan Administrator to complete a new form

**D. BENEFICIARY DESIGNATION** - This designation applies if there is a benefit payable from the Plan on your death. Any right a spouse has (including a former spouse) will have priority over the designated beneficiary but you should still designate a beneficiary to receive any part of a death benefit that is not paid to a spouse. If there is no spouse and you fail to designate a beneficiary the death benefit will be paid to your estate.

I designate the following individual(s) as my beneficiary(ies) and revoke any prior designations. If anyone listed below dies before me then their percentage of entitlement will be divided equally among the surviving beneficiaries.

LAST NAME	FIRST NAME	RELATIONSHIP TO YOU	PERCENT OF ENTITLEMENT
			%
			%

**E. APPOINTMENT OF TRUSTEE** If any of your beneficiaries are under the age of 19 you must appoint a Trustee, if you fail to name a Trustee, the Pension Plan will pay the benefits to the Public Guardian and Trustees Office. Such payment will discharge the Victoria Mechanical Industry Pension Plan's obligation.

TRUSTEE LAST NAME	FIRST NAME	RELATIONSHIP TO YOU	CONTACT PHONE NO.

**DECLARATION:**

I, the undersigned hereby:

- certify that the information on this form is correct and understand the Plan will rely on the information provided
- agree that the plan may communicate with me electronically by email and that a scanned copy of this form is as valid as a physical version of this form.
- consent to the collection, use, and disclosure of my personal information by the Board to administer the Plan
- agree to be bound by all the terms and conditions of the plan
- agree to promptly update the Plan Administrator of changes in my marital status
- agree that I am liable for any benefit paid out incorrectly if I fail to update the Plan Administrator on my marital status
- understand that my entitlement depends entirely on the terms of the Plan.

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE SUBMIT COMPLETED FORM TO PLAN ADMINISTRATOR

**GROUP INSURANCE ENROLMENT FORM**

Please complete in ink and print clearly. Please fill in all information and ensure you have signed and dated this form. Page 1 of 2

**EMPLOYEE INFORMATION**

EMPLOYEE'S SURNAME		FIRST	INITIAL	SOCIAL INSURANCE NUMBER
ADDRESS (No. and Street)		CITY	PROVINCE	POSTAL CODE
MARITAL STATUS	MALE/FEMALE	DATE OF BIRTH (Year, Month, Day)		PHARMACARE REGISTRATION NO. (where applicable)

**MARITAL STATUS DECLARATION - Refer to other side for the definition of an eligible Spouse**

I hereby certify that I have read the 'Definition of Spouse' and that as of the date of this declaration, I have a Spouse as follows:

SPOUSE'S NAME (if common-law see reverse) (Surname, First Name & Initials)	MALE/FEMALE	DATE OF BIRTH (Year, Month, Day)	DATE OF MARRIAGE (OR DATE OF COMMENCEMENT OF COMMON-LAW RELATIONSHIP)
---	-------------	-------------------------------------	---

**DEPENDENT INFORMATION (Other than Spouse) - List all eligible dependents, other than your Spouse, starting with the eldest. If adding children over 21, indicate the school they are attending Full-time.**

NAME (Surname, First Name & Initials)	RELATIONSHIP (Son/Daughter)	DATE OF BIRTH (Year, Month, Day)	STUDENT (Yes/No) and name of school, if over 21

**CO-ORDINATION OF BENEFITS**Are you covered by another benefit plan (ie your Spouse's plan)? YES ☐ NO ☐ If YES, indicate the benefits covered:

Benefits \_\_\_\_\_ Policy No(s) \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

**If you or your dependents do not require all benefits provided by your group insurance plan, you must complete the waiver on the reverse side of this form.****GROUP LIFE INSURANCE BENEFICIARY DESIGNATION**

I designate the following individual(s)\* as my revocable group life insurance beneficiary(ies), if living, otherwise my Estate\* and revoke any prior designation I have made. \*Indicate Estate, if no named beneficiary.

NAME (Surname, First Name & Initials)	RELATIONSHIP	
		%
		%
		%

**TRUSTEE CLAUSE: If appointing a minor beneficiary, complete the following (Trustee must be of legal age):**

I designate the following trustee to receive and disburse any monies payable under this group policy to my beneficiary(ies) during minority, and any payments made to this trustee will release the insurer of any further liability:

Trustee's Full Name \_\_\_\_\_ Relationship to Employee \_\_\_\_\_

**APPLICATION FOR ENROLMENT**

I, the undersigned, hereby:

- apply to be enrolled in the Group Insurance Plan provided by my employer,
- certify that the information provided on this form is correct,
- consent to the collection, use and disclosure of my personal information by the Plan Administrator for the purpose of administering the Plan and the benefits that may be conferred on members of the Plan,
- agree to be bound by all the terms and conditions of the Group Insurance Plan,
- agree to promptly update my Employer and the Plan Administrator on any changes to the status of a Spouse, dependent or beneficiary**, and agree that I am liable for any benefit paid out incorrectly in the event that I have not updated my Employer and the Plan Administrator on any change to the status of a Spouse, dependent or beneficiary,
- understand that completion of this form does not in itself, entitle me to benefits - qualification for benefits is subject to the eligibility requirements of my employer's group insurance plan, and
- certify that I have read the information provided on the reverse side of this form.**

SIGNATURE OF EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

**EMPLOYER'S STATEMENT**

NAME OF EMPLOYER <b>UA LOCAL 324</b>	EMPLOYER'S AUTHORIZED SIGNATURE
---	---------------------------------

EMPLOYEE'S DATE OF EMPLOYMENT (or return to work)	NEW REHIRED LATE APPLICANT <input type="checkbox"/>	EMPLOYEE'S CLASS/ DIVISION	EMPLOYEE'S OCCUPATION
--	---	-------------------------------	-----------------------

EMPLOYEE'S EARNINGS	HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/>	HOURS WORKED PER WEEK
---------------------	--	-----------------------

## Pre-Authorized Debit (PAD) Agreement

United Association of Journeymen and Apprentices  
of the Plumbing and Pipefitting Industry  
of the United States and Canada  
U.A. Local 324

### MEMBER INFORMATION (Please print clearly)

Member Name: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

### FINANCIAL INSTITUTION

Please attach "void" cheque or Bank Branch Information Form

### PRE-AUTHORIZED DEBIT AGREEMENT

I authorize U.A. Local 324 and the financial institution designated to begin deductions for regular monthly recurring payments and/or one-time payments from time to time, for payment of membership dues, initiations and additional or double payments due to NSF PADs that may occur.

Regular monthly payments will be debited **ON THE FIRST FRIDAY OF EACH MONTH**, from the specified account as per the "void" cheque or Bank Branch Pre-Authorized Payment Form supplied.

This authority is to remain in effect until U.A. Local 324 has received written notice to change or terminate this PAD agreement. Written notification to cancel must be received at least ten (10) business days before the next scheduled debit. Notification must be made directly to the address or email provided below.

U.A. Local 324 will be notified should banking institutions or accounts change.

I have certain recourse rights if any debit does not comply with this agreement. I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement.

**The union reserves the right to discontinue the preauthorized debit without notification to the member should dues begin to be returned due to nonsufficient funds. It is the member's responsibility to ensure funds are available on the day of withdrawal.**

*Note: I am aware that should the monthly membership rate increase as per the United Association Constitution that this amount will automatically be increased on the date of effect and notification of this will be advised to me by way of the membership newsletter only at least 10 days prior to the date of effect.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this application with a voided cheque or Bank Pre-Authorized Payment Form**

UA. Local 324, 919 Esquimalt Road  
Victoria B.C, V9A 3M7  
Email: admin@ualocal324.com  
Phone: 250-382-0415 Toll Free 1-888-382-0415 Fax: 250-380-1713