

## **MEMBERSHIP APPLICATION**

International Association of Machinists and Aerospace Workers

EMPLOYER:		DATE:
FIRST NAME:		LAST NAME:
ADDRESS:	_ M/F	
CITY AND POSTAL CODE:		
PHONE NO:	_	EMAIL:
SIN:		DATE OF HIRE:
WORK CLASSIFICATION:		
I authorize my Employer to deduct for membership dues and any initiation Agreement between the Employer a	or reinstateme	nt fee as set forth in the Collective Bargaining
in the International Association of M	lachinists and A	ereby tender my application for membership erospace Workers (IAM) and promote its authorized to act as my representative for
If former member of the IAM:	Card No:	Local Lodge:
Signature:	_ Date:	