

## Instructions

**Pg. 1 General Information**

**Pg. 2 Membership Application**

**Pg. 3 Health and Welfare/Pension form, please fill out the top. Middle if you have dependents (if you don't have social security numbers, that's okay you can fill this in later). At the bottom of this form where it states "Benefits Type" this is for a small life insurance policy if a death happens while on the job who you would want this to go to, SKIP the middle section (this is for Carpenters). Fill out the section "Defined Contribution" this is your RETIREMENT and who you would want this to go to. For medical/dental benefits you need to work 300 hours then you have a 1 month waiting period before medical kicks in. If you have any questions, please call me at 907-272-7576.**

**Pg. 4 Information on how to get on the Mix 20/20 – Out of Work List**

**Pg. 5 Skills Sheet – please fill out, this is for the Out of Work List**

**Pg. 6 Area Map of our Council, once you become a member you can work in any of these areas, please contact me so I can send you the reciprocity form to fill out. (This is IMPORTANT)**

**Pg. 7 New Members Orientation Sheet. This is very important to complete, by going to this class it waives the \$300.00 initiation fee. We offer this class once a month (second Wednesday of the month 6:00 pm) this class usually takes around an hour and if you are out in the field working, please communicate with the Council Rep's to reschedule this class, if you miss them intentionally you will be charged the \$300.00 fee. Once again, if you have any questions – please call me.**

The total amount you are required to pay right now is \$31.00 or \$81.00 if you are a prior member. If you have already taken the New Member Orientation class you will be required to pay the \$300.00 initiation fee \$50.00 re-initiation fee.

\$26.00 Monthly Dues  
\$300.00 Initiation Fee  
\$50.00 Re-initiation Fee  
\$5.00 Contingency Fee

You can go to our website at <https://www.local2520.org> to pay dues using PayPal. Look for the "pay dues" tab and follow the instructions.

Thank you,

Tammy Hansen

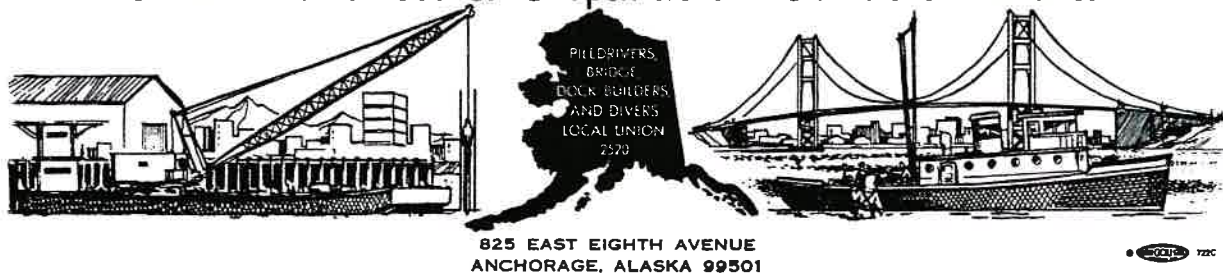
[tammy@local2520.org](mailto:tammy@local2520.org)

Piledrivers and Divers Local 2520

(907) 272-7576

(907) 277-8967 -fax

# United Brotherhood of Carpenters and Joiners of America



New Members,

Welcome to the Piledriver and Divers Local 2520 Union. To become a member of the Piledrivers Local 2520, you need to pay a one-time initiation fee of \$300.00, one month of dues that is \$26.00 and a once-a-year contingency fee of \$5.00, totaling \$331.00. To remain a member of good standing you will need to pay your monthly dues of \$26.00 every month no later than the 5<sup>th</sup> of each month. Please send the payments to Piledrivers Local 2520, 825 E. 8<sup>th</sup> Ave, Anchorage, AK 99501. (Please note: if you ever were a prior member of UBC, there is an additional \$50.00 fee for reinitiating.)

Upon signing you will need to fill out the following paper work.

United Brotherhood of Carpenters and Joiners of America Membership Application will need to be filled out. This is for the permanent files at the UBC in Las Vegas.

Fill out the Skills Sign Up Form. This form goes into your personal file here at the hall and is used to help us place you in the right job and working environment, so please fill out all your skills and if you need more room please attach as many pages as you need.

Alaska Carpenters Trust Funds, enrollment/beneficiary designation form must be completed and a copy will need to be mailed to the address on the bottom of the form. This form gives Alaska Carpenters Trust all the information they will need to track your money for retirement and health coverage. If you have any questions, please call 1-800-531-5357 7:00 a.m. 4:00 p.m. Alaska time.

Finally, please read your Alaska Carpenter Defined Contribution coming from The Millenium Benefits Group for your retirement. For more information on this please call 1-866309-1660 7:30 a.m.-3:30 p.m. Alaska time or go on line to <https://login.millimanonline.com/>

Being a member of the Piledrivers Local 2520, you are entitled to all the benefits we have to offer. When you are out of work, please call the Mix 20/20 call center at 1-866-649-5463 to be placed back on the "Out of Work List" or take the opportunity to upgrade your skills or certifications with the multitude of training classes available to you as a member. If you have any problems with a job, or questions about the procedures going on at the job, please let us know and we will look into it for you. We have Union meetings the 3<sup>rd</sup> Tuesday of each month at 6:30 p.m. at the hall. We encourage every member to attend; these meetings are to keep all members abreast with up-and-coming events and to hear any concerns from our members.

If you have any questions about Local 2520, please feel free to call me at 907-272-7576 or Toll Free at 866-905-2520. Please visit our website at [www.local2520.org](http://www.local2520.org)

Sincerely,

Piledrivers Local 2520



## United Brotherhood of Carpenters and Joiners of America Membership Application

<b>Local/Affiliate</b> _____	<b>Are you a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Legal First Name</b> _____	<b>Were you a prior member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Legal Middle Name</b> _____	<b>If yes, enter the prior Local</b> _____
<b>Legal Last Name</b> _____	<b>Address 1</b> _____
<b>Suffix</b> _____	<b>Address 2</b> _____
<b>Nickname</b> _____	<b>City</b> _____
<b>SSN/SIN</b> _____	<b>State/Province</b> _____
<b>Date of Birth</b> _____	<b>Zip/Postal</b> _____
(MM/DD/YYYY)	<b>Country</b> _____
<b>Email</b> _____	<b>Cell Phone</b> _____ <input type="checkbox"/> Primary*
<b>Classification</b>	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Pre-Apprentice
	<input type="checkbox"/> Apprentice
	<input type="checkbox"/> Member
<b>Craft</b>	<input type="checkbox"/> Carpenter
	<input type="checkbox"/> Drywall Application
	<input type="checkbox"/> Floor Layer
	<input type="checkbox"/> Industrial
	<input type="checkbox"/> Interior Systems
	<input type="checkbox"/> Millwright
	<input type="checkbox"/> Piledriver
	<input type="checkbox"/> Scaffold
	<input type="checkbox"/> Other _____

\*Only select one phone number as the primary.

**Obligation**

I do, of my own free will and accord, solemnly and sincerely promise—on my sacred honor—that I will never reveal—by word or deed—any of the business of this United Brotherhood— unless legally authorized to do so. I promise to abide by the Constitution and Laws—and the will of the majority—observe the Bylaws and Trade Rules and that I will use every honorable means—to procure employment for brother and sister members. I agree that I will ask for the Union label— and purchase union-made goods—and employ only union labor— when same can be had. And I further affirm and declare—that I am not now affiliated with—and never will join or give aid—comfort—or support to any organization that tries to disrupt the United Brotherhood of Carpenters and Joiners of America or any of its affiliates. I pledge myself to be obedient to authority—orderly in the meetings—respectful in words and actions—and charitable in judgement of my brother and sister members. To all of this I promise and pledge my most sacred word and honor as long as I remain a member of this Brotherhood.

Being admitted to membership, I agree to be bound by the above Obligation of the United Brotherhood of Carpenters and Joiners of America, which I have read. I further agree that if it is found at any time that I have made false statements of any kind on this application that my membership shall be declared void and all monies paid by me shall be forfeited.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (MM/DD/YYYY)

This application must be signed and dated by the applicant after being fully completed, then sent promptly to the General Office by the Financial Secretary.

**ATTENTION APPLICANTS** - Please click [here](https://www.carpenters.org/welcome-english/) for more information regarding membership in the UBC, including legal notifications regarding Beck objector rights for members in the US in non-right-to-work states:  
<https://www.carpenters.org/welcome-english/>

**For Office Use Only:**

Initiation Date _____	Initiation Fee Paid _____	Tax Schedule _____	UBC ID _____
Date to Journeyman _____	Supplemental Dues <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Collective Bargaining <input type="checkbox"/> Yes <input type="checkbox"/> No	
CLIC Donation <input type="checkbox"/> Yes <input type="checkbox"/> No (Voluntary) Political Affiliation _____			

# ALASKA CARPENTERS TRUST FUNDS

PLEASE PRINT

ENROLLMENT / BENEFICIARY DESIGNATION FORM

F40

Indicate reason for completing this form:

- New Participant    Address Change    Add/Term Dependent(s)    Change Name    Change Beneficiary

**MEMBER/EMPLOYEE INFORMATION - PLEASE PRINT**

Name (last, first, middle initial)		Social Security Number
Mailing Address		Birth Date
City	State	Zip
		Phone No. (   )
Sex   M   F	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	If married, date of marriage:

**OTHER INSURANCE INFORMATION**

Are you, your spouse, or other dependents covered by any other group medical insurance plan?    Yes    No

If "yes", please provide other insurance information:

Name of Subscriber with Other Coverage: \_\_\_\_\_ Subscriber Soc. Sec. No. \_\_\_\_\_

Name and Address of Other Insurance Company: \_\_\_\_\_ Policy or ID Number: \_\_\_\_\_

Other insurance covers:    Employee    Spouse    Children  
 Other insurance includes:    Medical    Dental    Vision

Date other coverage began: \_\_\_\_\_

**MEMBERS OF MY FAMILY TO BE COVERED BY HEALTH & WELFARE**

FULL NAME OF DEPENDENT	DATE OF BIRTH	SEX M / F	SOCIAL SECURITY NUMBER	RELATIONSHIP	Check if step, foster or adopted child	Check if full time student

**BENEFICIARY DESIGNATION** – It is important for you to name beneficiaries in case of your death. If you select an ineligible beneficiary or do not designate a beneficiary, your death benefit(s) will be paid in the order of preference (if any) outlined in the Plan Documents. **IMPORTANT NOTE:** Not every participant receives benefits under all of these plans, the type of benefits available to you are determined by your collective bargaining agreement. List primary beneficiary in #1 of each benefit listed below and secondary beneficiary in #2.

BENEFIT TYPE	NAME OF BENEFICIARY (Last, First, MI)	RELATIONSHIP	BIRTHDATE Month/day/year
Health and Welfare	1. _____		
	2. _____		
<del>Defined Benefit - Only For Locals 1281 &amp; 2247</del>	1. <del>_____</del>	<del> </del>	<del> </del>
	2. <del>_____</del>	<del> </del>	<del> </del>
Defined Contribution	1. _____		
	2. _____		

I hereby certify that the above information is true, correct and complete to the best of my knowledge and supersedes any beneficiary designation signed prior to the date shown below. I am an eligible participant as a member of a bargaining unit, retiree, or covered by special agreement.

Date \_\_\_\_\_

Signature (must be signed by participating employee) \_\_\_\_\_

RETURN WHITE COPY TO: ADMINISTRATION OFFICE, PO BOX 34203, SEATTLE, WA 98124-1203  
 RETAIN YELLOW COPY FOR YOUR RECORDS





**For Dispatch Information:  
1-800-953-6444 or  
253-945-8830**

*We also have upon request:*

*Spanish Speaking  
Dispatchers*

*Ukrainian, & Russian Speaking  
Dispatchers*



**MIX 20/20**



*Call this number toll free:*

**1-866-649-5463**

*U-*

*Write your UBC ID # here.*

*Write your 4 digit PIN # here.*

*Read inside for further directions.*

- *"Please enter your Member ID number.*
- *Now enter your PIN followed by the pound (#) sign.*
- *Your current dues status is in (goodstanding, arrears, suspended)."*

The system will then verify your phone number and send you to the **MAIN MENU**.

- *"Please make a selection from the Main Menu."*
- *If you are calling about a job dispatch you just received, PRESS 1.*
- *For Council and Local news, PRESS 2.*
- *To update your work status, PRESS 3.*
- *To review or update your preferences such as your PIN, phone number, and language preference, PRESS 4.*
- *To review or update information such as work areas and skill codes, PRESS 5.*
- *To hear the details about a job you have already accepted, PRESS 6.*

- *If you receive a job call from MIX, you will be prompted to enter your 4 DIGIT PIN, **not** your 8 digit UBC ID.*
- *If you're calling MIX about a job dispatch and you don't have the job number, press \* (star) and MIX will provide the job number.*
- *After you press 3 to renew your dispatch eligibility, press 1 and you will hear "Your dispatch eligibility has been renewed through (month, date, time)."*

*To be temporarily removed from the dispatch system, press 2.*

**IF ANY OF YOUR INFORMATION IS INCORRECT, PLEASE CONTACT DISPATCH.**

NOTE: Your Local Union **MUST HAVE** your correct phone number in order for it to download properly into the MIX 20/20 system.

Dispatch toll free: 1-800-953-6444

Email: [rkader@nwcarpenters.org](mailto:rkader@nwcarpenters.org)

Web: [www.nwcarpenters.org](http://www.nwcarpenters.org)

*(continued)*

*Rev 06/07 © 2011 NCC*

Check  here. I am:

- Journeyman piledriver
- Apprentice piledriver  
Term \_\_\_\_\_
- Diver Tender  
Level \_\_\_\_\_



*Pacific Northwest Regional Council of Carpenters*  
**PILEDRIWER READY-TO-WORK LIST QUESTIONNAIRE**  
**For Piledrivers, Bridge, Dock, & Wharf Builders**  
 Piledriver Central Dispatch: 1-800-953-6444 or 253-945-8830  
 Fax: 253-945-8875 • Email: dispatch@nwcarpenters.org  
 Send to: Dispatch, PNWRCC, 25120 Pacific Hwy S, Ste 200, Kent, WA 98032  
**PLEASE PRINT LEGIBLY!**

Name \_\_\_\_\_ UBC ID# \_\_\_\_\_ UBC Local # \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
(Please include area code.)

Email \_\_\_\_\_ Phone # \_\_\_\_\_  
(Please include area code.)

Ethnicity (Optional):  Asian  Hispanic or Latino  White  Black or African American  
 Native American or Alaska Native  Other \_\_\_\_\_

Check  here if you **ONLY** work in one of the following:  Scaffolding ONLY (115)  Residential ONLY (108)

**YOU ARE SKILLED/QUALIFIED TO ACCEPT WORK IN THESE SKILLS:**

(Mark with a check  below.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Auger Cast (300)          | <input type="checkbox"/> Forms General Concrete (104) | <input type="checkbox"/> Water Experience (134)     |
| <input type="checkbox"/> Bridge Carpenter (308)    | <input type="checkbox"/> Front End Man (183)          | <input type="checkbox"/> Welder (127)               |
| <input type="checkbox"/> Bridges Highway (105)     | <input type="checkbox"/> Grout Pump (184)             | <input type="checkbox"/> Will work at Heights (116) |
| <input type="checkbox"/> Commercial Diver (137)    | <input type="checkbox"/> Marine Floating Rig (319)    |   |
| <input type="checkbox"/> Confined Space (152)      | <input type="checkbox"/> Pin Pile (323)               |   |
| <input type="checkbox"/> Diesel Hammer (132)       | <input type="checkbox"/> Sheet Piling (312)           |   |
| <input type="checkbox"/> Diver Tender (305)        | <input type="checkbox"/> Treated Material (314)       |   |
| <input type="checkbox"/> Drilling Experience (173) | <input type="checkbox"/> Timber Work (304)            |   |
| <input type="checkbox"/> Foreman (114)             | <input type="checkbox"/> Vibratory Hammer (333)       |   |

Check  the areas where you are willing to work. Refer to the enclosed area map.

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Area 1 | <input type="checkbox"/> Area 6  |
| <input type="checkbox"/> Area 2 | <input type="checkbox"/> Area 7  |
| <input type="checkbox"/> Area 3 | <input type="checkbox"/> Area 8  |
| <input type="checkbox"/> Area 4 | <input type="checkbox"/> Area 9  |
| <input type="checkbox"/> Area 5 | <input type="checkbox"/> Area 10 |
|                                 | <input type="checkbox"/> Area 11 |

**YOU ARE TRAINED IN THE FOLLOWING:** (Mark with a check  below.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Boom Truck Cert (164)        | <input type="checkbox"/> Nitrox Cert (310)          | <input type="checkbox"/> Scaffold Erector (110) |
| <input type="checkbox"/> C-Stop Cert (142)            | <input type="checkbox"/> OSHA 10 (208)              | <input type="checkbox"/> Scaffold User (124)    |
| <input type="checkbox"/> Certified Welder (113)       | <input type="checkbox"/> OSHA 16 (210)              | <input type="checkbox"/> Steward (112)          |
| <input type="checkbox"/> Cleanroom Class (176)        | <input type="checkbox"/> OSHA 30 (212)              | <input type="checkbox"/> Stick Cert Weld (156)  |
| <input type="checkbox"/> Firestop Class (102)         | <input type="checkbox"/> OSHA 7600 (321)            | <input type="checkbox"/> STP Cert (201)         |
| <input type="checkbox"/> First Aid / CPR Cert (121)   | <input type="checkbox"/> Powder Actuated Tool (325) | <input type="checkbox"/> TIG Cert Weld (155)    |
| <input type="checkbox"/> Foreman A Class (139)        | <input type="checkbox"/> Rebar Stick Weld (227)     | <input type="checkbox"/> TWIC Card (195)        |
| <input type="checkbox"/> Forklift Industrial (122)    | <input type="checkbox"/> Rebar Wire Weld (229)      | <input type="checkbox"/> WABO Cert (192)        |
| <input type="checkbox"/> Forklift Rough Terrain (103) | <input type="checkbox"/> Rigging (123)              | <input type="checkbox"/> Wire Cert Weld (154)   |
| <input type="checkbox"/> HAZMAT (100)                 | <input type="checkbox"/> ROV Operator (327)         | <input type="checkbox"/> Fall Protection (265)  |
| <input type="checkbox"/> Light Gauge Weld (221)       |   |   |

Are you a veteran? (800)

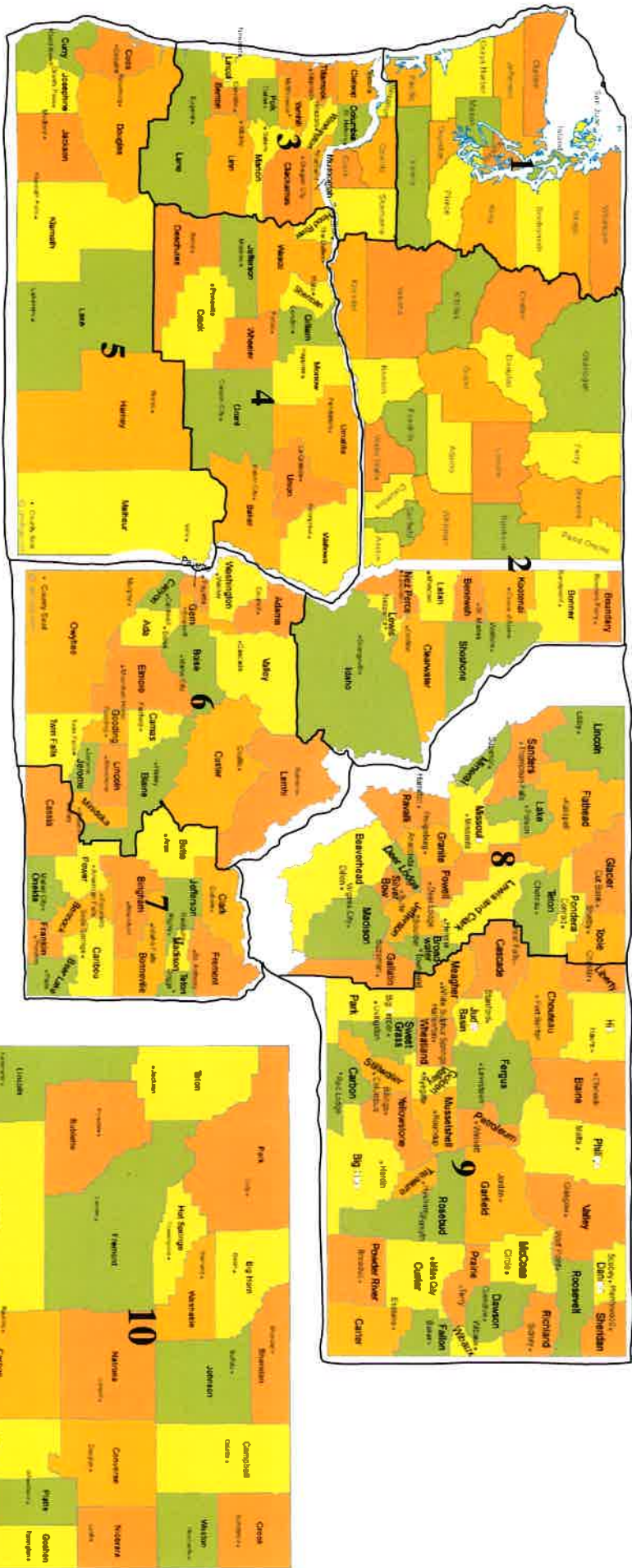
- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

I \_\_\_\_\_ (print name), assign to the Pacific Northwest Regional Council of Carpenters, from my earnings, a sum equal to the Union's membership dues, assessments, and initiation fee (the Union will notify my Employer of the current amount). I authorize and direct my Employer to deduct such sum and remit the money to the Union monthly. 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, unless the Union and my employer receive my written notice of termination of this assignment not more than twenty (20) days and not less than ten (10) days prior to renewal of the assignment. This authorization is effective regardless of my status as a member, non-member, or "financial core" payer and applies regardless of any future resignation of membership on my part. I authorize the PNWRCC to contact me at the supplied phone number(s) for the purpose of dispatching, reminders, or mobilization efforts.

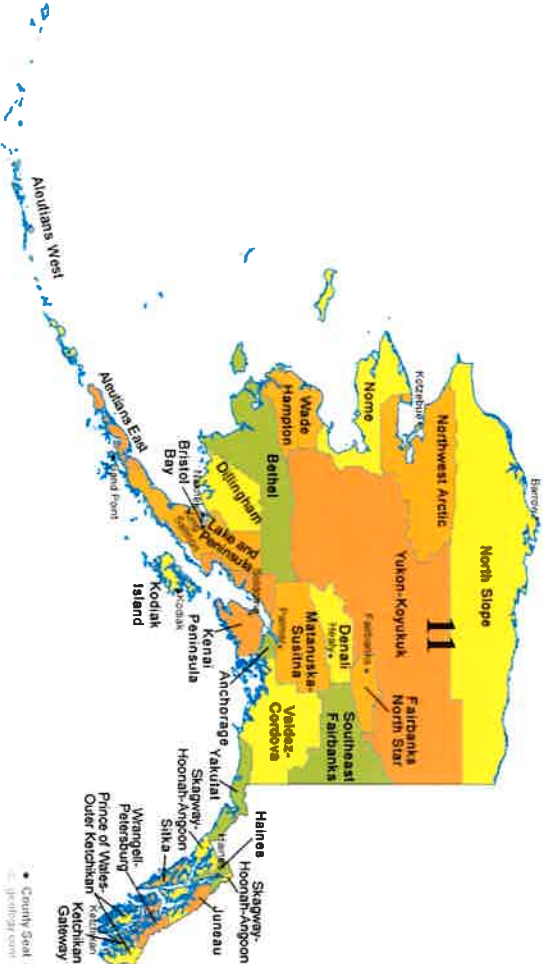
I hereby authorize the UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA to act as my collective bargaining agent in dealing with my employer in regard to wages, hours, and other conditions of employment. All previous authorizations made by me are revoked.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# DISPATCH AREAS FOR PILEDRIVERS, BRIDGE, DOCK & WHARF BUILDERS



- 1 WWA NORTH
- 2 WWA CENTRAL
- 3 WWA SOUTH
- 4 WWA WEST
- 5 ID NORTH
- 6 ID SOUTH
- 7 ID EASTERN WA (EWA)
- 8 ID WESTERN WA (EWA)
- 9 SW WA
- 10 OR NW
- 11 OR CENTRAL (OC)





ANTHONY PEÑA SUPERVISOR  
25120 PACIFIC HIGHWAY SOUTH KENT, WASHINGTON 98032  
253-945-8841 nwCarpenters.org

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA

Dear Brother/Sister,

Welcome to the Northwest Carpenters Union. Your participation is valuable to this organization. We look forward to getting to know you.

You agreed to attend the Northwest Carpenters Union New Member Orientation. The information provided at the orientation will benefit both you and your family. We encourage you to bring your spouse, partner, or family member. Attendance will waive your \$300 initiation fee to your local union.

The orientation should take approximately one hour, plus discussion. A light meal will be provided. Union Representatives will explain policies, discuss health and pension benefits, training opportunities, job search tactics and answer any questions you may have.

To ensure that your initiation fee is waived, be sure to arrive on time and sign out upon class completion. If you are unable to attend your scheduled orientation, please contact your local union immediately. (See local union phone number below.)

If you have any questions, please do not hesitate to contact your local union (number listed below).

In Solidarity,

Anthony Peña  
Supervisor, NWCUC

AP:rp;opeiu#8/afl-cio

**LU COMPLETE:**

Orientation Address \_\_\_\_\_

\_\_\_\_\_

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

Local Union Phone: \_\_\_\_\_

**MEMBER COMPLETE:**

UBC # U \_\_\_\_\_

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

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