

**APPLICATION FOR MEMBERSHIP**  
**LABOURERS' INTERNATIONAL UNION of North America**

*Affiliated with the A.F.L. - C.I.O. - C.L.C.*

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(Surname)

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(First Name)

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

D M Y

S.I.N. \_\_\_\_\_

**Marital Status** \_\_\_\_\_

Initiation Fee \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Employed by \_\_\_\_\_

Industry Code \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

I, the undersigned, being a worker under the jurisdiction of Local Union No. 837,  
**LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA**, do hereby make appli-  
 cation to become a member of said International Union and I further designate  
 the said Local Union to represent me with my employer in all Collective Bargaining.

I hereby sign this application of my own free will and accord.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Officer's Signature \_\_\_\_\_

