

International Brotherhood of
BOILERMAKERS • IRON SHIP BUILDERS

SUBORDINATE LODGE NO. 13
BLRMKRS13@COMCAST.NET
WWW.BOILERMAKERS13.ORG



BLACKSMITHS • FORGERS & HELPERS

2300 NEW FALLS ROAD
NEWPORTVILLE, PA 19056
OFFICE (215) 785-5536
FAX (215) 785-5867

March 2, 2012

*****READ CAREFULLY - IMPORTANT NOTICES*****

Please be advised, per membership action, the Regular Monthly Meeting of Boilermakers Local Lodge No. 13 has been changed, and **will be held on Friday March 16, 2012 at 8:00 P.M.** at the Frank Donlon Hall, 2300 New Falls Road, Newportville, Pennsylvania.

Fraternally yours, Michael Impagliazzo, President – Local Lodge No. 13

FROM THE DESK OF THE BUSINESS MANAGER

Enclosed please find (4) authorization forms and an information sheet that needs to be completed and returned to the union hall. **All Active members must complete, sign and return all forms. Retired members only need to complete and return the information sheet.** The information sheet is used to confirm address, phone number, county you live in and your **email address**; this will enable us to update our records.

Periodically, these forms are sent to our members for their authorization. It is very important that Local No. 13 has these forms on file for our upcoming contract negotiations. The (4) forms are:

1. Field Dues Check-Off Authorization
2. Representation Authorization Form
3. Boilermakers Campaign Assistance Fund (CAF) Check-Off Form
4. Political Action Campaign Fund Check-Off Authorization Form

Please read the forms carefully. Sign and return the forms to Boilermakers Local Lodge No. 13, 2300 New Falls Road, Newportville, PA 19056.

Your prompt return of these forms will be greatly appreciated.

Fraternally yours, John E. Clark, Jr., Business Manager/Secretary-Treasurer

BOILERMAKER'S LOCAL LODGE NO. 13
INFORMATION SHEET
(PLEASE PRINT)

TODAY'S DATE: _____

EMAIL ADDRESS _____

LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET ADDRESS	CITY	STATE	ZIP CODE
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Please list phone numbers below in the order that you would like to be called and also specify if they are a home phone number or a cell phone number

AREA CODE & TELEPHONE NUMBER _____

COUNTY _____

AREA CODE & TELEPHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

CURRENT LOCAL & INIT. DATE (IF ANY) _____

DATE OF BIRTH (AGE) _____

REGISTRATION NUMBER (IF ANY) _____

QUALIFICATIONS (IF ANY)

GENERAL INFORMATION

GENERAL MECHANIC _____

SINGLE _____

PLATE WELDER _____

MARRIED _____

PRESSURE WELDER _____

NAME OF SPOUSE _____

GAS WELDER _____

NO. OF DEPENDENTS _____
 (including self)

MIG WELDER _____

LIST BIRTH DATE & AGES OF CHILDREN;

COMMON ARC _____

TWIC CARD _____

OTHER _____

FIELD DUES CHECKOFF AUTHORIZATION

I, _____, hereby authorize any Employer signatory
(Name - Please Print)

to a collective bargaining agreement with the International Brotherhood of Boilermakers, or any affiliated Local Lodge, to make the following deductions from my wages and to remit those deductions to the Local Lodge having jurisdiction over the work:

MEMBER

FIELD DUES: As prescribed by the Local Lodge having jurisdiction over the work.

NON-MEMBER

SERVICE FEE: The financial equivalent of field dues, as prescribed by the Local Lodge having jurisdiction over the work.

This authorization is voluntarily made in order to satisfy my membership obligation and/or to pay my fair share of the Union's costs in providing referral services and/or representing me for purposes of collective bargaining. Specifically, this authorization is not conditioned upon my present or future membership in the Union.

This assignment, authorization and direction shall be irrevocable for the period of one (1) year, or until the termination of the current Agreement between the Employer and the Union, whichever occurs sooner; and I agree and direct that this assignment, authorization and direction shall be automatically renewed and shall be irrevocable for successive period of one (1) year each, or for the period of each succeeding applicable Agreement between the Employer and the Union, whichever shall be shorter, unless written notice is given by me to the Employer and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable collective agreement between the Employer and the Union, whichever occurs sooner.

Contributions or gifts to the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, AFL-CIO are not tax deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible as ordinary and necessary business expenses.

Signature

Social Security Number

Union Representative

Date

REPRESENTATION AUTHORIZATION FORM

I hereby authorize the International Brotherhood of Boilermakers, Local Lodge 13, to represent me for the purpose of collective bargaining in matters of wages, hours and other terms and conditions of employment, with my current employer, as well as all other employers for whom I may have worked in the past or for whom I may become employed after this date, on all present and future job sites.

I understand that this form may be used to obtain recognition from my current, future or past employers without an election.

This authorization is non-expiring, binding and valid until such time as I revoke it in writing.

NOTE: Please fill out completely !!!

Employee's Signature

Date

Name - Please Print

Street Address

Town or City

State

Zip Code

County

Social Security Number

Registration #

BOILERMAKERS' CAMPAIGN
ASSISTANCE FUND ("CAF")
CHECK-OFF AUTHORIZATION FORM

I subscribe, freely and voluntarily, the sum indicated below each week to CAF with the understanding that this voluntary contribution may be used by CAF for political purposes, including contributions to support candidates for local, state, and federal offices. I understand my right to refuse to subscribe more, less, or nothing, without benefit or disadvantage.

I further hereby authorize and request my employer to deduct from my earnings the sum indicated below each week to remitted to CAF.

I reserve the right in accordance with applicable state or federal laws to revoke this voluntary authorization at any time by giving written notice of such revocation to CAF in accordance with such laws or otherwise.

I hereby authorize my employer to deduct from my gross pay the sum of 1/20th of 1% per hour paid and forward the monthly said amount to the **LEAP Campaign Assistance Fund (CAF)**, in care of the International Secretary Treasurer (753 State Avenue, Suite 565, Kansas City, KS 66101).

A copy of the CAF report is filed with the Federal Election Commission and is available from the Federal Election Commission, Washington D.C. 20463. Contributions to CAF are not tax deductible.

Date

Name of Company – Please Print

Signature

Name – Please Print

Address

Social Security Number

City

State

Zip

POLITICAL ACTION CAMPAIGN FUND
CHECK-OFF AUTHORIZATION FORM

I hereby request and authorize my employer to honor the voluntary contribution which this check-off represents. I request and authorize my employer to deduct from my gross pay, and to remit to the Special Assessment Fund for transfer to the **International Brotherhood of Boilermakers Local 13 Political Action Committee** the sum of **1/10th of 1% of per hour paid.**

I expressly represent that this contribution is made voluntarily, and that it may be used for any proper purpose for which the **International Brotherhood of Boilermakers Local 13 Political Action Committee** has been established, including political contributions and expenditures. I understand that the money will be used in connection with state and local elections, and that contributions made are subject to the Federal Election Campaign Act of 1971, as amended.

I understand that the suggested guideline of **1/10th of 1% of per hour paid** is merely a suggestion and that I am free to contribute any amount through means other than this check-off or to contribute no amount without fear of reprisal by the funds, the union, or any employer.

I reserve the right in accordance with applicable law to revoke this authorization at any time by giving notice of such revocation to the **International Brotherhood of Boilermakers Local 13 Political Action Committee.**

Employee's Signature **Date**

Name - Please Print **Address**

Social Security Number **City** **State** **Zip**

Gifts and donations to the **International Brotherhood of Boilermakers Local 13 Political Action Committee** are not deductible as charitable contributions for Federal Income Tax purposes.