

Join Local Union #94 Form

Name _____
Last First M.I.

Address _____
Street City / State County Zip

Phone_ (____) _____ S.S.N. _____

E-mail _____ Birth Date _____

High School Graduate? Yes ___ Year ___ / No ___ GED ___ Year ___

Name/Address of school _____

Additional Education

Currently employed? _____ Where _____ How Long? _____

Do you have: Health Ins. _____ (single/family) Cost? _____

Vacation Pay ? _____ Holiday pay? _____ Sick time? _____

Profit sharing? _____ 401K? _____

Trade Classification: Plumber ___ Pipefitter ___ Service Plumber ___

Sprinklerfitter ___ Welder ___ Other _____

Plumbing Lic? _____ Where _____ exp _____

Sprinkler Lic? _____ Type? _____ exp _____

Weld Certs? _____ (Please list procedures and dates on back of this page)

Have you served an apprenticeship? _____ Graduate? _____

Where _____

Other trade related experience/training?

Past union experience/membership?
