

FEDERAL EMPLOYEES MEMBERSHIP GROUP APPLICATION FOR MEMBERSHIP

INTERNATIONAL ORGANIZATION OF

MASTERS, MATES & PILOTS, AFL-CIO

700 Maritime Boulevard, Suite B, Linthicum Heights, MD 21090-1953 410-850-8700 Fax: 410-850-8384 <u>www.bridgedeck.org</u>

Date:		Division:				
Position:	Other:					
I hereby make application	on for membership in the MM	1&P Federal Employ	ees Members	ship Group.		
Name:	Last	First	MI	SS#:		_
	Last	FIRST	IVII			
Date of Birth:		· · · · · · · · · · · · · · · · · · ·				
	Phone	е		E-Mail		
Address:						_
	Street			Α	Apt.	
	City			State	Zip	_
Emergency Contact:			R	elationship:		
	Last	First	MI			_
Address:						
	Street	City	State	Zip	Phone	_
Were you, or are you no	ow, a member or applicant of	f any other union(s)?	□ Yes	s 🗆 No		
If yes, which union:			No. of Years:			
I agree to pay the not MM&P or violate its runt pledge to carry out MM&P members with respect to the investigation or misleading infor any privileges or members.	M&P applicant, I agree to be ecessary dues and/or assessules or contracts, I may lose my duties and obligations a espect and consideration. I all er for wages and terms and stigation of all statements commation on this application mership in MM&P. I understand commation contained in this appropriate and the statements of the statements of the statements are contained in this appropriate to the statement of the statement in this appropriate to the statement of the statement in this appropriate to the statement in the statement i	sments and acknowl my status as an app and to uphold and all lso hereby designate conditions of employ ntained in this applic ay be grounds for vold that it is my obligate.	edge that if I blicant and be vocate the obe MM&P to acoment. Setting and uncolding the app	fail to meet my fir come ineligible for jectives of MM&F at as my exclusive derstand that the lication and/or de	nancial obligations or membership. P and to treat all erepresentative to presentation of enying an individual)
Signed:Applic	cant for Membership	Date: _				
• • • • • • • • • • • • • • • • • • • •	d form should be returned		partment, me	embership@brid	lgedeck.org or	

fax: 410-850-8384.