

## Associate Membership Application

19802 62ND AVE S, KENT, WA 98032

Print Name		Gende	er □(M) □(F)	
Address	City	State	Zip Code	
Home Phone ()	Cell Phone ()			
Email Address	Birth Date			
WA Training Card Number				
WA Electrician Certification Number				
WA Master Electrician Certification Number			_	
WA Administrator Number				
Oregon License Number				
Current Employer				
Are you interested in being contacted for job op	portunities with a union o	contractor?	⊡Yes ⊡No	
Yearly "ASSOCIATE" Membership fee is \$50.00				
Signature of Applicant	Date			
"ASSOCIATE" Membership provides:				
<ul> <li>Free Continuing Education, Basic Trainee</li> <li>Discounted Dental through Sunrise Denta making appointment.</li> <li>Free legal representation for wage &amp; hour</li> <li>Monthly informational meetings (dinner pre- Informational mailings from IBEW Local #4</li> </ul>	I. Must state you are an IBE or safety issues with your e ovided) held on the fourth V	W Associate	Member when	
IBEW Local Union #46	<b>IBEW Local Union</b>	#76		
19802 62 <sup>nd</sup> Ave S, Kent, WA 98032 Phone: (253) 395-6500 Fax: (253) 872-7059	Phone: (253) 475-11	3049 S 36 <sup>th</sup> St, Tacoma, WA 98409 Phone: (253) 475-1190 Fax: (253) 475-0844		
For Additional Information Contact:	For Additional Info	rmation Cor	ntact:	
Allan Waud Phone: (253) 656-2762 Email: <u>allan@ibew46.com</u> Website: <u>www.ibew46.org</u>	Ken Jennings Phone: (253) 278-99 Email: <u>kenj@ibewī</u> Website: <u>www.ibew</u> i	7 <u>6.org</u>		
Check our website for	r the latest Class	Schedule	9	

www.gpsew.org