



Union Membership Application

Personal Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Address: _____ Phone: _____

Education:

High School: _____ City: _____ State: _____

Date of Graduation: _____

Military Service: Army Navy Air Force Marine Other

Dates of Service: _____ Honorable Discharge: Yes No

If no, please provide explanation: _____

Have you ever been convicted of a felony? Yes No

If yes, please provide explanation: _____

Office (910) 762-8231
Fax (910) 763-7564

Email: contact@ilalocal1426.org



1305 S. 5th Avenue
Wilmington, N.C. 28401

P.O. Box 1928
Wilmington, N.C. 28402



Employment:

Dates of Employment	Employer	Address	Reason for leaving

Personal References:

Name	Address	Phone

I _____ understand that my acceptance as a member of the International Longshoremen's Association, Local 1426 DOES NOT GUARANTEE me any amount of work as this local adheres to a SENIORITY SYSTEM. As a member, however I will be given the right and privileges as other members per the Constitution and By-Laws.

Applicant Signature: _____ Date: _____

Office (910) 762-8231
Fax (910) 763-7564
Email: contact@ilalocal1426.org



1305 S. 5th Avenue
Wilmington, N.C. 28401
P.O. Box 1928
Wilmington, N.C. 28402



Applicant's Name: _____ SSN: _____

**PLEASE ATTACH A COPY OF THE FOLLOWING:
FORM OF PAYMENT, DRUG TEST RESULTS, AND
PHYSICAL FORM**

FOR OFFICE USE ONLY

Applicant and payment received by: _____

Payment amount: \$ _____ Payment Date: _____

Drug Test Date: _____

Physical Date: _____

Swear-in Date: _____

Office (910) 762-8231
Fax (910) 763-7564
Email: contact@ilalocal1426.org



1305 S. 5th Avenue
Wilmington, N.C. 28401
P.O. Box 1928
Wilmington, N.C. 28402