Laborers' International Union of North America

LiUNA! LOCAL 737

Feel the Power

TO REGISTER WITH THE LABORERS' UNION:

To register on the registration list, the fee is $32.00 renewable monthly.

TO BECOME A MEMBER OF THE LABORERS' UNION:

The initiation fee to join this union is $300.00, this is to be paid within the first six weeks after you start working $100.00 payments every two weeks. Dues are presently $32.00 per month and must be maintained monthly by the member. Monthly dues are considered delinquent after sixty days. As an example, April dues must be paid by the end of May or you would be subject to suspension without notice. While you are working for a Union contractor, they will be paying benefits for you and your family in the form of retirement, health insurance, (medical, dental, eye care, prescriptions, and life insurance). It is important, however, that you check with the Oregon Laborers Employers Trust Fund to verify your eligibility. Their phone number is "1-877-396-5845". It is very important that the cards given filled out completely and returned to us, so proper credit toward insurance coverage and pension benefits will be received.

HEALTH INSURANCE:

After a member has worked for a union contractor for 200 hours within a 3-month period they will have **medical, dental, vision and life insurance** for themselves and their family. This coverage is paid for solely by your employer. Once your coverage has been activated, you will need 130 working hours per month to maintain health benefits. Should you run out of coverage, the trust office will send you a notice with several payment options for self-payments if you so choose. We recommend before going to a doctor that you check with the trust office to be sure your coverage is in effect. The toll-free number for the trust office is 1-877-396-5845. We also recommend that for specifics on the amount of coverage for any claim, you call the benefit provider you selected. You can always contact the trust office for this information.

PENSION PROGRAM:

Your Union employer will also be paying into a pension fund for you. Presently it takes 300 hours within a calendar year to earn a pension credit. Your pension is automatically vested after earning 5 years of pension credits. You may have a break in the years you earn pension credits. If the number of years in which you have credits is greater than you did not earn a credit, you will not lose those pension credits. **(In other words, if you had 3 good years with credits and did not earn a credit for 4 years you would lose the 3 good credits years.)**

NOTE:

IF YOU WORK ON A PREVAILING WAGE PROJECT THESE BENEFITS MAY VARY FROM JOB TO JOB. YOUR UNION REPRESENTATIVE WILL EXPLAIN IN MORE DETAIL IF NEEDED.

Phone (541) 801-2209 * 17230 NE Sacramento St., Suite 202 * Portland, OR 97230

www.Local737.org

OREGON LABORERS – EMPLOYERS TRUST FUNDS

PO BOX 4148 – PORTLAND, OREGON 97208
PHONE (503) 460-5245 – WATS (877) 396-5845

☐ New **TR 45** FOR OFFICE USE ONLY
ET _____
EFF _____

PLEASE PRINT

EMPLOYEE NAME: _____
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: ___-__-____ **M** ☐ **F** ☐ **BIRTHDATE:** __-__-____

MAILING ADDRESS: _____

CITY: _____ **STATE:** ____ **ZIP CODE:** _____-____

☐ HOME PHONE
☐ CELL PHONE **NUMBER:** ___-___-____ **COUNTY:** _____

EMAIL ADDRESS: _____

EMPLOYER: _____ **LOCAL NUMBER:** _____

I AM SUBMITTING THIS: ☐ TO UPDATE INFORMATION ☐ AS A NEW PARTICIPANT ☐ TO ADD FAMILY MEMBERS
☐ TO DELETE FAMILY MEMBERS, IF DELETION IS DUE TO DIVORCE GIVE DATE DIVORCE (DECREE) FINAL

DATE OF DIVORCE (DECREE) _____

CHOOSE ONE MEDICAL PLAN ☐ BLUE CROSS BLUE SHIELD ☐ KAISER HEALTH PLAN

CHOOSE ONE DENTAL PLAN: ☐ TRUST PLAN (ACTIVE MEMBERS ONLY) ☐ WILLAMETTE DENTACARE (ACTIVE OR RETIRED MEMBERS)

ARE YOU MARRIED? ☐ YES ☐ NO **IF YES, PLEASE GIVE DATE OF MARRIAGE:** _____

DO YOU OR ANY FAMILY MEMBERS HAVE ANY OTHER GROUP COVERAGE? ☐ YES ☐ NO

CARRIER OR PLAN NAME _____

ARE YOU OR ANY OF YOUR FAMILY MEMBERS ELIGIBLE FOR MEDICARE?
SELF MEDICARE ELIGIBLE: ☐ YES ☐ NO SPOUSE MEDICARE ELIGIBLE: ☐ YES ☐ NO CHILD/CHILDREN MEDICARE ELIGIBLE ☐ YES ☐ NO

To add a Domestic Partner – please contact the Administrative Office for the correct forms. Do not use this form to add a Domestic Partner.

SPOUSE NAME: _____
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: ___-__-____ **BIRTHDATE:** __-__-____

LIST ALL UNMARRIED ELIGIBLE CHILDREN

1. NAME: _____ **CHECK IF STEPCHILD:** ☐
LAST NAME, FIRST NAME, MIDDLE INITIAL
SOCIAL SECURITY NUMBER: ___-__-____ **BIRTHDATE:** __-__-____ **SEX: M** ☐ **F** ☐

2. NAME: _____ **CHECK IF STEPCHILD:** ☐
LAST NAME, FIRST NAME, MIDDLE INITIAL
SOCIAL SECURITY NUMBER: ___-__-____ **BIRTHDATE:** __-__-____ **SEX: M** ☐ **F** ☐

3. NAME: _____ **CHECK IF STEPCHILD:** ☐
LAST NAME, FIRST NAME, MIDDLE INITIAL
SOCIAL SECURITY NUMBER: ___-__-____ **BIRTHDATE:** __-__-____ **SEX: M** ☐ **F** ☐

4. NAME: _____ **CHECK IF STEPCHILD:** ☐
LAST NAME, FIRST NAME, MIDDLE INITIAL
SOCIAL SECURITY NUMBER: ___-__-____ **BIRTHDATE:** __-__-____ **SEX: M** ☐ **F** ☐

5. NAME: _____ **CHECK IF STEPCHILD:** ☐
LAST NAME, FIRST NAME, MIDDLE INITIAL
SOCIAL SECURITY NUMBER: ___-__-____ **BIRTHDATE:** __-__-____ **SEX: M** ☐ **F** ☐

LIFE INSURANCE BENEFICIARY INFORMATION

1. PRIMARY BENEFICIARY: _____

RELATIONSHIP TO MEMBER: _____

2. CONTINGENT BENEFICIARY: _____

RELATIONSHIP TO MEMBER: _____

I HEREBY APPLY FOR MYSELF AND FAMILY FOR THE BENEFITS ISSUED BY THIS TRUST AND ANY ENDORSEMENTS THERETO, AND AGREE THAT THE SELECTION OF CARRIER IS BINDING UNLESS CHANGED IN WRITING AT THE NEXT ENROLLMENT PERIOD.

® 7
5,000 6/17

SIGNATURE: _____ **DATE:** __-__-____

Laborers' International Union of North America

LiUNA! LOCAL 737

Feel the Power

LIUNA—the Laborers' International Union of North America—is a half-million strong, united through collective bargaining agreements which help us earn family-supporting pay, good benefits and the opportunity for advancement and better lives.

From pay to training to retirement, LIUNA members live better. Enter your information to join LIUNA.

Find out more about membership at www.LIUNA.org

LiUNA! *Feel the Power*

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in Local Union No. _____ of the Laborers' International Union of North America, and agree to abide by all the provisions of the Constitutions of the Local and the International Union.

NAME OF EMPLOYEE (Print name)

SIGNATURE OF EMPLOYEE (Sign name)

DATE

TELEPHONE NO.

CELL PHONE NO.

EMAIL ADDRESS

By providing your email and phone, you confirm your consent to receive messages from LIUNA & its affiliates, including any autodialed call, text message or email, about important matters, including your contract, benefits, union operations, political, and legislative matters. You can opt-out at any time.

ADDRESS

CITY STATE ZIP

SOCIAL SECURITY NO.

DATE OF BIRTH

TERRY O'SULLIVAN
General President

ARMAND E. SABITONI
General Secretary-Treasurer

HEADQUARTERS
905 16th St., N.W., Washington, D.C. 20006

LIUNA—the Laborers' International Union of North America—is a half-million strong, united through collective bargaining agreements which help us earn family-supporting pay, good benefits and the opportunity for advancement and better lives.

From pay to training to retirement, LIUNA members live better. Enter your information to join LIUNA.

Find out more about membership at www.LIUNA.org

LiUNA! *Feel the Power*

AUTHORIZATION FOR REPRESENTATION

I hereby designate Local Union No. _____ of the Laborers' International Union of North America, as my collective bargaining representative in all matters pertaining to the terms and conditions of my employment. This authorization applies to my present Employer and all my future Employers. This authorization is signed by me for the purpose of securing for the Union recognition and negotiation rights with my Employer and with any future Employer. It may be revoked only by me, through written notice to the Union.

NAME OF EMPLOYEE (Print name)

SIGNATURE OF EMPLOYEE (Sign name)

DATE

TELEPHONE NO.

CELL PHONE NO.

EMAIL ADDRESS

By providing your email and phone, you confirm your consent to receive messages from LIUNA & its affiliates, including any autodialed call, text message or email, about important matters, including your contract, benefits, union operations, political, and legislative matters. You can opt-out at any time.

ADDRESS

CITY STATE ZIP

EMPLOYER

TERRY O'SULLIVAN
General President

ARMAND E. SABITONI
General Secretary-Treasurer

HEADQUARTERS
905 16th St., N.W., Washington, D.C. 20006

® 130

DUES CHECKOFF AUTHORIZATION AND ASSIGNMENT

I hereby assign to Local Union No.__737__, of the Laborers' International Union of North America, such amounts from my wages as shall be required to pay an amount equivalent to the initiation fees, readmission fees, membership dues, and related assessments, as the Union may establish from time to time.

My Employer is hereby authorized to deduct such amounts from my wages and pay the same to the Local Union and/or its authorized representative. This authorization applies to my present Employer and all my future Employers. This authorization shall become effective upon its execution. This authorization shall be irrevocable for a period of one (1) year, or until termination of the Collective Bargaining Agreement in existence between my Employer and the Union, whichever occurs sooner. I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of any subsequent agreement between my Employer and the Union, whichever shall be shorter, unless written notice is given by me to my Employer and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each one (1) year period, or of each Collective Bargaining Agreement between my Employer and the Union, whichever occurs sooner. This check-off authorization shall continue irrespective of my membership in the Union or any union-security clause or obligation contained in the Collective Bargaining Agreement.

This assignment has been executed this _____ day of _____ , 20 _____ .

NAME (PRINT NAME) SOCIAL SECURITY #

NAME OF EMPLOYER

TELEPHONE NO. CELL PHONE NO.

EMAIL ADDRESS

By providing your email and phone, you confirm your consent to receive messages from LIUNA & its affiliates, including any autodialed call, text message or email, about important matters, including your contract, benefits, union operations, political, and legislative matters. You can opt-out at any time.

Union dues are not deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code. Union dues may qualify as business expenses, job-related expenses, or other "unreimbursed employee expenses" to the extent permitted by the Internal Revenue Service.

SIGNATURE

Laborers' International Union of North America

LiUNA! LOCAL 737

Feel the Power

Laborers' Code of Performance

The goal of the Code of Performance is to ensure that our membership meets the highest standards in our industries. Our aim is to deliver craftsmanship that exceeds the expectations of our contractors and their customers. We want to create and maintain a workforce that makes contractors want to be Union and owners want to build Union.

Meeting these goals requires that members understand and incorporate these values in their day-to-day performance. Accordingly, as a Union Laborer I agree too:

- Acquire the necessary skills through apprenticeship and/or training programs.
- Show up on time, ready, willing, and able to work.
- Give a fair day's work
    - Adhere to a collective bargaining agreement to start, quit and break times.
    - To be drug free
    - To be productive - minimize idle time
- Treat the Employers, the customers tools and property with respect.
- Avoid disruptions on the job by using the established procedures to resolve disputes.
- Understand and use safe practices and safety equipment.

I acknowledge this responsibility and pledge my word to do the same.

_____ _____

Print Name Last 4 SSN/Member #

_____ _____

Signature Date

Phone (541) 801-2209 * 17230 NE Sacramento St., Suite 202 * Portland, Oregon 97230 www.Local737.org

Laborers' International Union of North America

LiUNA! LOCAL 737

Feel the Power

Drug Testing Result Release

The undersigned member of Laborers' Union Local 737 hereby authorizes the release to an authorized official of Laborers' Local 737 the results of any employment related drug test administered to me by said employer. This release is limited to either pass or no pass information for the limited purpose of determining eligibility for future dispatching.

Print Name _____ Last 4 SSN/Member # _____

Signature _____ Date _____

Hiring Hall Procedure Agreement

The Master Laborers Agreement, under which our members work, requires that we do our dispatching in accordance with a "Hiring Hall Procedure". When our office receives a call from a Union contractor for laborers, the Union shall refer **qualified** Laborers to that employer in the following order of referral, we start telephoning those people who are **qualified** for the job between the hours of 8:00AM and 4:00PM, beginning with our "A" Out of Work List". If we cannot fill the job order from the "A" list, we go to the "B" Out of Work List". The out of work lists are defined in Article 9 of our Master Labor Agreement.

If we cannot fill the job order from the "B" list we then go to the "C" list. (This is usually at the peak of the construction season). Once a person registered on the "C" list is dispatched to a union job, he/she must join the Union. Anyone who turns down, or is unavailable for two (2) consecutive job referrals for such laborer is qualified shall be automatically re-registered at the bottom of the appropriate list. All members and non-members must renew his/her registration every thirty (30) days, or you will be removed from the list. Any member or non-member who signs a dispatch or takes a job referral and does not show up for work will be removed from the out of work list and must re-register on the bottom of the out of work list.

We do not discriminate against any person with regard to age, race, religion, color, sex, national origin nor ancestry.

If a member works less than five (5) days for an employer for which he/she was dispatched, he/she will be replaced on the out of work list in their past position; again it is the member's responsibility to notify the Union of layoff or dismissal. If a member works more than five (5) days he/she must re-register at the bottom of the appropriate out of work list.
If you have further questions concerning our Hiring Hall Procedures or dispatching, please feel free to contact us at the above telephone number or call one of our Field Reps closest to you.

All hiring hall rules not listed here will refer to the Master Labor Agreement and Local Hiring Hall Rules.

Print Name _____ Last 4 SSN/Member # _____

Signature _____ Date _____

Laborers' International Union of North America

LiUNA! LOCAL 737

Feel the Power

JOURNEYMAN INITIATION AGREEMENT

I, _____, dispatched to _____, hereby acknowledge that I owe Laborers' Local Union #737 an initiation fee of **$300.00** and Monthly dues of **$32.00**. Below are the payment arrangements that I agree to. I will further realize that if these payments are not kept, that I will be subject to be removed from the job of any signatory contractor without further notice.

Payment Guidelines:

1st Initiation Payment of $100.00 is due on your second week after accepting your first dispatch.
Initial: _____

2nd Initiation Payment of $100.00 is due on your fourth week after accepting your first dispatch.
Initial: _____

3rd Initiation Payment of $100.00 is due on your sixth week after accepting your first dispatch.
Initial: _____

After completion of this agreement, I understand that current monthly dues are $32.00, which are due on the first day of each month and that suspension from the Union will automatically occur on the sixty-first day of nonpayment.

I also understand that working dues, which appear on my dispatch, and check stub are not payment of these monthly dues.

I will immediately inform the Union hall of any change in the status of my employment, phone number, or address and I will abide by the hiring hall practices and procedures to remain as a member in good standing with the Union hall. All correspondence with the Union hall shall be made at the above address and checks should be made payable to Laborers' Local 737.

I hereby acknowledge receiving a copy of this statement, with the original to remain in the office of the Union hall.

_____ _____

Date signed Membership Applicants Signature

Laborers' International Union of North America

LiUNA! LOCAL 737

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SKILLS SHEET

- I AGREE TO CHECK ONLY CLASSIFICATIONS FOR WHICH I AM PROFICIENT AT PERFORMING, CERTIFIED TO AND QUALIFIED TO PERFORM
- BY SIGNING AND DATING THIS SKILLS SHEET, I FULLY UNDERSTAND THE HIRING HALL RULES AND WILL ABIDE BY THEM.
- I AGREE THERE WILL BE ABSOLUTELY NO SOLICITNG OF WORK UNTIL I HAVE ACHIEVED "A" LIST STATUS.
- I UNDERSTAND THAT PASSING A DRUG & ALCOHOL TEST WILL BE REQUIRED.
- I UNDERSTAND SOME LOCATIONS MAY REQUIRE PASSING A PRE-EMPLOYMENT SECURITY CLEARANCE BACKGROUND CHECK.

_____ _____

Signature **Date**

_____ _____

Printed Name **Email**

☐ Asbestos Supervisor - Oregon **Certification Exp. Date:** _____

☐ Asbestos Supervisor - Washington **Certification Exp. Date:** _____

☐ Asbestos Worker - Oregon **Certification Exp. Date:** _____

☐ Asbestos Worker – Washington **Certification Exp. Date:** _____

☐ Asphalt Laborer

☐ Asphalt Raker

☐ Asphalt Dump man

☐ Bilingual **Languages**: _____

☐ Blueprint / Plan Reading

☐ Boom Lift / Scissor Lift **Certification Exp. Date:** _____

☐ CDL- A **Certification Exp. Date:** _____

☐ CDL- B **Certification Exp. Date:** _____

☐ CDL- Hazardous Materials Endorsement **Certification Exp. Date:** _____

☐ CDL- Tank Endorsement **Certification Exp. Date:** _____

☐ Chuck Tender

- ☐ Concrete Laborer: Includes, but not limited to; Mucking, placing, wheeling…etc.
- ☐ Concrete Finisher
- ☐ Concrete Chute man
- ☐ Concrete Hose Puller
- ☐ Concrete Nozzleman
- ☐ Concrete Vibrator
- ☐ Concrete Sack and Patch
- ☐ Concrete Grouting
- ☐ Concrete Saw Cutting - Chainsaw
- ☐ Concrete Saw Cutting – Core Drill
- ☐ Concrete Saw Cutting – Floor/Wall Saw
- ☐ Concrete Saw Cutting – Target Saw Operator
- ☐ Concrete Saw Cutting – Wire Saw
- ☐ Concrete Saw Cutting – Walk Behind
- ☐ Concrete Gunite Nozzleman **Certification Exp. Date:** _____
- ☐ Concrete Shotcrete Nozzleman ACI Certified **Certification Exp. Date:** _____
- ☐ Confined Space **Certification Exp. Date:** _____
- ☐ C-Stop **Certification Exp. Date:** _____
- ☐ Demolition
- ☐ Demolition Cutting Torch
- ☐ Directional Drill
- ☐ Driver's License **License Exp. Date:** _____
- ☐ First Aid/CPR **Certification Exp. Date:** _____
- ☐ Flagger **Certification Exp. Date:** _____
- ☐ Foreman Experience **Number of years:** _____
- ☐ General Laborer: Includes, but not limited to; Clean-up, carpenter helper, fire/hole watch, form setter, form stripper, plumber digger, tool room, plant safety…
- ☐ Grade Checker – GPS (Top Con, Tremble, and Leica)
- ☐ Grade Checker – Laser (Linker Rod)
- ☐ Grade Checker – Grout Plant Operator
- ☐ Hazardous Waste Worker **Certification Exp. Date:** _____

- ☐ High Scaler
- ☐ Hod Carrier – Brick/Block
- ☐ Hod Carrier – Monokote Pump
- ☐ Hod Carrier – Plaster
- ☐ Hod Carrier – Refractory
- ☐ IRCA Hospital Renovation **Certification Exp. Date:** _____
- ☐ Landscaper
- ☐ Lagging – Soil Stabilization
- ☐ Lead Abatement Awareness **Certification Exp. Date:** _____
- ☐ Logistics (Schedule, Unload, Load, Deliveries, Material Handler)
- ☐ OSHA 10 **Certification Issue Date:** _____
- ☐ OSHA 30 **Certification Issue Date:** _____
- ☐ OSHA 510 **Certification Issue Date:** _____
- ☐ Pipeliner General Laborer – Gas
- ☐ Pipelayer – GPS Level
- ☐ Pipelayer – Gravity: Water, Storm, and Sewer
- ☐ Pipelayer – Pressure: Water
- ☐ Pipelayer – Poly Fusion
- ☐ Pipelayer – Top Hand
- ☐ Pipeline Operator Qualifications (OQ) **Certification Exp. Date:** _____
- ☐ Pipeline Safety Certification **Certification Exp. Date:** _____
- ☐ Pipeline Coating **Certification Type:** _____
- ☐ Power tools – Jackhammer
- ☐ Power tools – Jumping Jack
- ☐ Power tools – Power saw
- ☐ Power tools – Chainsaw
- ☐ Railroad Laborer
- ☐ Respiratory Protection Course **Completed Course Date:** _____
- ☐ Rigging & Signaling **Certification Exp. Date:** _____
- ☐ Scaffold User
- ☐ Scaffold Builder (80 hours) **Certification Exp. Date:** _____

- ☐ Scaffold Erector (40 hours) **Certification Exp. Date:** _____
- ☐ Shift – Days
- ☐ Shift – Swing
- ☐ Shift – Graveyard
- ☐ Shift – Emergency (responding to outages, natural disasters…etc.)
- ☐ Small Equipment – Drill Operator (Blasting)
- ☐ Small Equipment – Bobcat
- ☐ Small Equipment – Power Buggy
- ☐ Small Equipment – Forklift **Certification Exp. Date:** _____
- ☐ Solar Worker
- ☐ Solar Worker – Air Track Drill Operator
- ☐ Solar Worker – Pile Driver PD 10's / Churchies
- ☐ Solar Worker – Quality Control (QC)
- ☐ Solar Worker – Racking
- ☐ Solar Worker – Bump & Pull Stringline
- ☐ Timber Faller
- ☐ TMA Driver (Truck Mounted Attenuator)
- ☐ Traffic Control Laborer
- ☐ Traffic Control Supervisor **Certification Exp. Date:** _____
- ☐ TWIC Card **Certification Exp. Date:** _____
- ☐ Welder **Certification Exp. Date:** _____
- ☐ Welder – Thermite **Certification Exp. Date:** _____
- ☐ Welder – Poly Fusion

I authorize the Laborers union to notify me via text message, robo dial, and or email
(*Data/Message Rates May Apply)

_____ _____

Signature **Date**

ETHNICITY AND GENDER IDENTICIATION

(Voluntary: This information assists with certain governmental jobs / requests.)

- ☐ Black / African American
- ☐ Asian / Korean / Chinese / Pacific Islander
- ☐ White / Caucasian
- ☐ Hispanic / Latin American
- ☐ Minority
- ☐ Native American
- ☐ Russian
- ☐ Other
- ☐ Preferred not to say
- ☐ T.E.R.

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Preferred not to say

REGIONS

<u>ONLY SELECT THE AREAS YOU ARE WILLING TO ACCEPT A JOB CALL.</u>

See the map below for the counties in each zone.

- ☐ 1 - Clatsop, Columbia, Tillamook
- ☐ 2 - Clackamas, Multnomah, Washington
- ☐ 3 - Marion, Polk, Yamhill
- ☐ 4 - Benton, Lane, Lincoln, Linn
- ☐ 5 - Coos, Curry, Douglas, Jackson, Josephine
- ☐ 6 - Hood River, Sherman, Wasco
- ☐ 7 - Crook, Deschutes, Jefferson
- ☐ 8 - Klamath, Lake
- ☐ 9 - Baker, Gilliam, Grant, Morrow, Umatilla, Union, Wallowa, Wheeler
- ☐ 10 - Harney, Malheur

Laborers' International Union of North America

LiUNA! LOCAL 737

Feel the Power

INSTRUCTIONS ON HOW TO PAY UNION DUES

Please make your first payment (registration, dues, initiation fee) by phone, in person or mail it in, to the *Local Hall 737*.

Pay by Phone:

(541) 801-2209

Pay in Person or Mail Check:

Please make checks payable to ***Laborer's Local 737***,
and may be mailed to the following address;

Laborers' Local 737
17230 NE Sacramento St., Suite 202
Portland, OR 97230

Once your one-time initiation fee is paid off, you have the options of signing up for auto pay or pay the monthly dues online, at:

www.local737.org

All dues are due the first day of each month, but you have until the end of the month to make a payment.

You can sign up for recurring withdrawals from a credit or debit card by calling the office at **(541) 801-2209**, to set up an automatic debit for the monthly dues payments. You are responsible to pay your Union Dues each month, as they do not come out of your paycheck. We do not send out invoices.

If you go 2 months without paying your dues your status will then become suspended, and a ***$25.00 service charge*** will be applied to the past due amount.

If you are unable to make any payments, please call the office to plan any arrangements. If we are able, we will work with all members on extending the initiation dues. The monthly union dues cannot be extended and must be paid each month to remain an active member status.

Laborers' International Union of North America

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When you are dispatched to work, you need to be ready to do your job. This includes being able to be on time with proper tools and clothes.

Required Items

- Work Gloves
- 25' / 30' Metal Tape Measure
- 20 oz. Hammer
- Lineman Pliers
- Hard Hat
- Proper Footwear - Stout work boots, rubber boots if dispatched to concrete jobs (**Sneakers or Casual Shoes are not allowed**)
- Work Clothing fit for heavy work and appropriate for the weather (*No Sweatpants*)

Recommended Items

- Utility Knife
- Small Cats Paw (Crowbar)
- Crescent Wrench
- Utility Belt
- Extra Work Clothes (*In case you need a change of clothing*)
- Rain Gear
- Reliable Transportation to and from work
- **Asbestos Certification** ***must be presented to an employer upon dispatch***
- Proper Identification (*Needed by Employer*)
    - Two Forms of Identification:
        - Driver's License
        - Passport or State Identification Card
        - Social Security Card

If you should have any questions, please do not hesitate to give our office a call at (541) 801-2209 or (541) 801-2210.

Sincerely,

Dispatcher
Oregon Laborers' Local 737

Laborers' International Union of North America

LiUNA! LOCAL 737

Feel the Power

Cuando lo envíen al trabajo, debe ir preparado para hacer su trabajo. Esto incluye poder llegar a tiempo con las herramientas y la ropa adecuada.

Articulos Requeridos

- Guantes de Trabajo
- Cinta Métrica de Metal de 25 '/ 30'
- Martillo de 20 oz.
- Alicates Multiusos Lineman
- Casco de Seguridad
- Calzado Adecuado: Botas de trabajo resistente o botas de goma si lo envían a trabajos de concretos
  (Las zapatillas de deporte o los zapatos casuales no están permitidos)
- Ropa Adecuada para trabajos pesados y para el clima
  (No se permite pantalones deportivos)

Articulos Recomendados

- Navaja de Utilidad
- Pata de Gato Pequeño (Palanca)
- Llave Inglesa
- Cinturón de Herramientas
- Ropa de Trabajo Adicional *(En caso de que necesite un cambio de ropa)*
- Ropa de Lluvia
- Transporte Confiable hacia y desde el trabajo
- **La Certificación de Asbestos se debe presentar al empleador al momenta del envío**
- identificación Adecuada *(Es necesaria para el empleador)*
  - Dos Formas De Identification:
    - Licencia de Conducir
    - Pasaporte o Tarjeta de identificación del Estado
    - Tarjeta de Segura Social

Si tiene alguna pregunta, no dude en llamarnos al (541) 801-2210.

Sinceramente,

Despachador
Local 737 de los Obreros de Oregon

Phone (541) 801-2209 * 17230 NE Sacramento St., Suite 202 * Portland, Oregon 97230
www.local737.org

LiUNA! OREGON & SOUTHERN IDAHO DISTRICT COUNCIL OF LABORERS

Feel the Power

c/o The William C. Earhart Company, Inc.
P.O. Box 4148 Portland, Oregon 97208 | 12029 N.E. Glenn Widing Dr. Portland, Oregon 97220
Phone (503)460-5245 | Toll Free (877)396-5845 | Fax (503)284-9386

To: All Participants of Oregon Laborers-Employers Health and Welfare Plan

Re: New Dependent Enrollment Requirements

Dear Participant:

This letter is to notify you that the Oregon Laborers-Employers Health and Welfare Plan now requires that in order for dependents to be eligible for benefits proof of dependent status must be provided. The proper documentation must be included with all completed enrollment forms received in the Administrative Office after August 6, 2010.

A copy of marriage certificate must be supplied for your spouse and a copy of birth certificate must be supplied for all dependent children. In addition to birth certificates for stepchildren, a copy of a marriage certificate between the member and the child's natural parent must be provided. Documentation establishing the placement for adoption and/or adoption of children must be provided. For foster children, documentation from the State establishing the member is the primary provider of maintenance and support must be provided.

If you have already submitted the required documentation of dependent status YOU DO NOT HAVE TO SUBMIT THE DOCUMENTS AGAIN.

By order of the Trustees