



INTERNATIONAL FEDERATION OF  
**PROFESSIONAL AND TECHNICAL ENGINEERS**  
 8630 Fenton Street Suite 400  
 Phone: (301) 565-9016 Fax: (301) 565-0018

Silver Spring, MD 20910  
 www.ifpte.org

**APPLICATION FOR**  
**ASSOCIATE MEMBERSHIP CARD**

Name .....  
 (print or type)

Local Union #.....

Mail Card to .....  
 (address)

Member #.....

.....

Date.....

**To International Secretary-Treasurer:**

I hereby apply for an Associate Membership Card. I hereby certify that I am no longer employed in a position presently being represented by the Federation or a subordinate body thereof and I am a former member of IFPTE or work in an occupation which the Federation is currently seeking to organize.

Specifically, the following reason is given as evidence of the validity of this request:

Engaged in unrepresented employment:  
 Name and Address of Employer

.....

Other (specify) .....

Remarks .....

In applying for this Associate Membership Card, I herewith submit to the Federation \$12.00 to cover the first twelve (12) month's fee from the date above; and I agree to accept the obligation. Upon accepting work within an established bargaining unit of the Federation, to apply for membership in the appropriate Local Union.

Signature .....

**LOCAL UNION ENDORSEMENT**

**To International Secretary-Treasurer:**

It is hereby certified that the individual named above was a member in good standing of this Local Union at the time he left a position represented by this Local Union. The Executive Board has investigated this application and recommends that an Associate Membership Card be issued. The payment of \$12.00 to the Federation accompanies this application.

Date ....., 20.....

Dues paid through month of ....., 20.....

President .....

Secretary .....

**LOCAL UNION SEAL**