

MEMBERSHIP APPLICATION

Multiemployer Trust Fund (Taft-Hartley)

April-December 2024



Primary Contact Information

The primary contact is responsible for renewing membership and updating the membership roster. Date _____

Individual ID# _____
 Full first name _____ M.I. _____ Last name _____
 Fund Name _____
 Job title _____
 Mailing address _____ Fund Business Home
 City _____ State/Province _____ Country _____ ZIP/Postal code _____
 Mobile phone _____ Business phone _____
 Email _____ Role (see list) _____

Membership Type—Please select one.

Multiemployer trust fund

- Organizational membership
 - 6 or fewer individuals ~~\$1,195~~ \$955
 - 7-10 ~~\$1,425~~ \$1,155
 - 11-14 ~~\$1,685~~ \$1,385
 - 15-20 ~~\$1,975~~ \$1,645
 - 21+ ~~\$2,295~~ \$1,935
 - Individual membership ~~\$325~~ \$260
- Please list your union affiliation (e.g., IBEW, UFCW, etc.) _____

Public employee trust fund

- Organizational membership
 - 6 or fewer individuals ~~\$1,195~~ \$955
 - 7-10 ~~\$1,425~~ \$1,155
 - 11-14 ~~\$1,685~~ \$1,385
 - 15-20 ~~\$1,975~~ \$1,645
 - 21+ ~~\$2,295~~ \$1,935
- Individual membership ~~\$325~~ \$260

Content (Please select the type of information you would like to receive.)

- U.S. content only Canadian content only Both U.S. and Canadian content

Referred by

Membership Roster

Trust Fund: Multiemployer and Public Employee Trust Fund

Please attach a list of other personnel to this application. Any professional service providers (attorneys, administrators, etc.) are required to hold membership in their personal or firm names and are not eligible for membership as representatives of a trust fund.

Check here if same as primary contact

(1) Full first name _____
 M.I. _____ Last name _____
 Employer _____
 Job title _____
 Mailing address _____ Fund Business Home
 City _____
 State/Province _____ Country _____ ZIP/Postal code _____
 Mobile phone _____ Business phone _____
 Email _____
 Role (see list) _____

Role	
<input type="checkbox"/> Apprenticeship Trng and Workforce Dev	ATW
<input type="checkbox"/> Multiemployer Labor Trustee	LBT
<input type="checkbox"/> Multiemployer Management Trustee	MGT
<input type="checkbox"/> Multiemployer Industry Rep	MIR
<input type="checkbox"/> Public Trustee—Appointed	PTA
<input type="checkbox"/> Public Trustee—Elected	PTE
<input type="checkbox"/> Salaried Administrator	SAD

Continued →

Membership Roster (continued)

(2) Full first name _____ M.I. _____ Last name _____
Employer _____ Job title _____
Mailing address _____ Fund Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Mobile phone _____ Business phone _____
Email _____
Role (see list) _____

(3) Full first name _____ M.I. _____ Last name _____
Employer _____ Job title _____
Mailing address _____ Fund Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Mobile phone _____ Business phone _____
Email _____
Role (see list) _____

(4) Full first name _____ M.I. _____ Last name _____
Employer _____ Job title _____
Mailing address _____ Fund Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Mobile phone _____ Business phone _____
Email _____
Role (see list) _____

(5) Full first name _____ M.I. _____ Last name _____
Employer _____ Job title _____
Mailing address _____ Fund Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Mobile phone _____ Business phone _____
Email _____
Role (see list) _____

Please attach a list of additional individuals to this application.

Payment Information – Membership Dues Are Nonrefundable.

Make check payable to International Foundation.

Check # _____ \$ _____

Credit card # _____ Exp. date _____

Cardholder's name (print) _____

Membership Summary

Membership fee \$ _____

Total (U.S. funds) \$ _____

*The International Foundation has a calendar-based annual membership of \$1,195 for organizations and \$325 for individuals.
See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at www.ifebp.org/policies.
If your membership expired more than 12 months ago, you are eligible to join at quarterly promotional rates.*



www.ifebp.org/join



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Questions? Email
membership@ifebp.org or
phone (888) 334-3327, option 1.

