

MEMBERSHIP APPLICATION

Multi-Employer Trust Fund

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) _____

See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at www.ifebp.org/policies.

Membership Type—Please select one.

<input type="checkbox"/> Multi-employer trust fund <input type="checkbox"/> Organizational membership <input type="checkbox"/> 6 or fewer individuals C\$ 1,195 C\$955 <input type="checkbox"/> 7-10 C\$ 1,425 C\$1,155 <input type="checkbox"/> 11-14 C\$ 1,685 C\$1,385 <input type="checkbox"/> 15-20 C\$ 1,975 C\$1,645 <input type="checkbox"/> 21+ C\$ 2,295 C\$1,935 <input type="checkbox"/> Individual membership C\$ 325 C\$260 Please list your union affiliation (e.g., IBEW, UFCW, etc.) _____	<input type="checkbox"/> Public employee trust fund <input type="checkbox"/> Organizational membership <input type="checkbox"/> 6 or fewer individuals C\$ 1,195 C\$955 <input type="checkbox"/> 7-10 C\$ 1,425 C\$1,155 <input type="checkbox"/> 11-14 C\$ 1,685 C\$1,385 <input type="checkbox"/> 15-20 C\$ 1,975 C\$1,645 <input type="checkbox"/> 21+ C\$ 2,295 C\$1,935 <input type="checkbox"/> Individual membership C\$ 325 C\$260
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Content (Please select the type of information you would like to receive.)

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

Referred by

Membership Roster

Trust Fund: Multi-Employer and Public Employee Trust Fund

Please attach a list of other personnel to this application. *Any professional service providers (lawyers, 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"/> Multi-Employer Labour Trustee	LBT
<input type="checkbox"/> Multi-Employer Management Trustee	MGT
<input type="checkbox"/> Multi-Employer 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 cheque payable to International Foundation.

Cheque # _____ C\$ _____

Credit card # _____ Exp. date _____

Cardholder's name (print) _____

Membership Summary

Membership fee C\$ _____

Total (Canadian Funds) C\$ _____

*The International Foundation has a calendar-based annual membership of C\$1,195 for organizations and C\$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.*



Apply online at www.ifebp.org/join.



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Toronto, ON M5W 2K6



Questions? Email
membership@ifebp.org or
phone (833) 886-3749.

