



# Bermuda Industrial Union

## Associate Membership Application Form

Last Name  Joining Date  Rejoining Date

Other Names (In Full)

Last Name Before Marriage

Social Insurance #

Male  Female

Date of Birth

Home  Cell  e-mail

Address  
  
  
  
  
  
  
Postal Code

Present Employer

Previous Employer  Bermuda Status  Yes  No

No. of Dependents  . Is Spouse a BIU Member?  Yes  No

Country of Birth  Country of Citizenship

Marital Status  Married  Single  Divorced  Widowed

Occupation

Length of Employment (Present)

Previous Employment

**We ask that you fill in this information above and be as accurate as possible.**

**THIS FORM WILL BE HANDLED IN STRICT CONFIDENCE**

*According to the BIU Constitution – Rule 4-2*

*Associate members shall be admitted upon payment of an Entrance fee of \$9.50  
and a monthly subscription of \$3.00*