



Application for Membership USA

Form No. 107 Rev 03/23

[PLEASE PRINT OR TYPE FULL NAME]

FIRST NAME

M.I.

- JR III
- SR IV
- II V

LAST NAME

ADDRESS (STREET & NUMBER)

CITY

STATE

ZIP CODE+4

EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yyyy)

DATE OF HIRE (mm/dd/yyyy)

SOCIAL SECURITY NO. (Last four only)

TELEPHONE NO.

PRESENT EMPLOYER

CLASSIFICATION

INDUSTRY WHERE YOU ARE EMPLOYED

- RAILROAD
- GOVERNMENT
- INSIDE CONSTRUCTION & MAINTENANCE
- OUTSIDE CONSTRUCTION & MAINTENANCE
- UTILITY
- TELECOMMUNICATIONS
- BROADCASTING
- MANUFACTURING
- OTHER

HOW DID YOU BECOME AN I.B.E.W.® MEMBER?[SELECT ONE]

- I WAS ORGANIZED
- I WAS ORGANIZED AS AN APPRENTICE
- I WAS SELECTED FOR AN APPRENTICESHIP
- I AM A NEW HIRE
- OTHER

* Gender MALE FEMALE

* RACE AND ETHNICITY

- WHITE NATIVE AMERICAN/INDIGENOUS
- BLACK NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER
- ASIAN
- LATINO
- TWO OR MORE RACES

Are you a Veteran of the Armed Forces?

Yes No

REGISTERED VOTER?

Yes No

HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.® ?

YES NO LOCAL UNION STATE

IF SO, WHERE?

*Submission of this information is voluntary and will be kept confidential. The particular categories of gender, race, and ethnicity collected are those sought by applicable federal laws under which certain local unions must report such information on an aggregate and summary basis to the federal government. If you choose not to self-identify, the federal government may require this information to be determined by visual survey and/or other available information.



OBLIGATION OF I.B.E.W.®

"I, the undersigned, in the presence of members of the International Brotherhood of Electrical Workers®, promise and agree to conform to and abide by the Constitution and laws of the I.B.E.W.® and its Local Unions. I will further the purposes for which the I.B.E.W.® is instituted. I will bear true allegiance to it and will not sacrifice its interest in any manner."

LOCAL UNION APPLICATION DATE(mm/dd/yyyy)

TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT *

THIS PORTION TO BE FILLED OUT BY L.U. FINANCIAL SECRETARY

CARD NUMBER

INITIATION DATE(mm/dd/yyyy)

INITIATION FEE PAID

* TYPE OF MEMBERSHIP "A" "BA"

PAID \$2.00 PENSION ADM. FEE? Yes No

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



DATE _____

Membership & Contact Update Form

IBEW Local Union 1920 Member Information

Kindly complete the form provided and return it to the Financial Secretary. Should there be any changes to your information at a later date, please promptly notify the Financial Secretary to update our records.

(Please Print Legibly)

Employee ID

First Name

Middle Name

Last Name

Birth Date

Hiring Date

Electrician Seniority Date

Electrician Card Number

Contact Information

Phone 1

Phone 2

Email

Street

City

State

Zip

Jonathan Gaedke
Financial Secretary
IBEW LU 1920
PO Box 54
North Platte, NE 69103-0054

THE BENEFITS OF IBEW "A" MEMBERSHIP VS "BA" MEMBERSHIP

Pension Benefit Fund (PBF)

"A" Membership: Cost Year 2025: \$23.00 per month in addition to the basic \$24.00 Per Capita Dues, totaling **\$47.00** per month.

"BA" Membership: Basic Per Capita Dues

Revised 07/2025



1. NORMAL PENSION - AGE 65 AND A MINIMUM 5 YEARS OF CONTINUOUS SERVICE

- \$4.50 per year of service through 2022 and \$5.50 per year in/or after 2023
- May not work in the electrical industry
- Optional Spouse's Benefit available; reduction to 86.5% +/- .5% per year spouse is younger or older than member
- Death Benefit reduced from \$6,250 by the amount of pension received, going no lower than \$3,000
- Lump Sum payment if monthly payments equal \$30 or less



2. EARLY RETIREMENT - AGE 62-64 AND A MINIMUM OF 20 YEARS CONTINUOUS SERVICE

- \$4.50 per year of service through 2022 and \$5.50 per year in/or after 2023; reduced by 6.66% for each year/fraction thereof under age 65
- May not work in the electrical industry
- Optional Spouse's Benefit available; reduction to 86.5% +/- .5% per year spouse is younger or older than member
- Death Benefit reduced from \$6,250 by the amount of pension received, going no lower than \$3,000
- Early Retirement is irrevocable
- Lump Sum payment if monthly payments equal \$30 or less



3. DISABILITY PENSION - MINIMUM OF 20 YEARS CONTINUOUS SERVICE

- \$4.50 per year of service through 2022 and \$5.50 per year in/or after 2023
- Must be totally disabled
- Must be fully retired from all gainful employment
- Social Security Award or its equivalent accepted (medical documentation may be submitted and reviewed by IBEW physician for approval)
- Optional Spouse's Benefit available; reduction to 86.5% +/- .5% per year spouse is younger or older than member
- Death Benefit reduced from \$6,250 by the amount of pension received, going no lower than \$3,000
- Not eligible for lump sum payment



4. VESTED PBF PENSION - MINIMUM OF 20 YEARS CONTINUOUS SERVICE

- \$4.50 per each year of service through 2022 and \$5.50 per year in/or after 2023; further reduced by \$4.50 per each year/fraction thereof applicant is under age 65
- Effective 1st month after 65th birthday
- May not work in the electrical industry
- Not eligible for Optional Spouse's Benefit
- Not eligible for Death Benefit
- Not eligible for Disability Pension
- Lump sum payment if monthly payments equal \$30 or less



5. DEATH BENEFITS

- Normal Death Benefit: \$6,250
- Accidental Death Benefit: \$12,500 (as defined by the International Executive Council (IEC))
- Retiree Death Benefit reduced by pension received, going no lower than \$3,000

"A" MEMBERSHIP IS WORTHWHILE BECAUSE OF THE RETURN POTENTIAL. ALL MEMBERS OF THE IBEW, EXCEPT FOR THOSE IN THE CONSTRUCTION INDUSTRIES, CAN CHOOSE BETWEEN "A" AND "BA" MEMBERSHIP. OTHER THAN THE PBF AS DESCRIBED ABOVE, THERE IS NO DIFFERENCE BETWEEN "A" OR "BA" MEMBERSHIP.

EXAMPLE:

30 years of "A" membership - 2020-2050 (Note: Increases in PBF contributions occur over time. This example is based on the current contribution level.)

Cost: 02 yrs x \$19.00 per month x 12 mos = \$456 through 2022
 02 yrs x \$21.00 per months x 12 mos = \$504 through 2024
 26 years x \$23.00 per month x 12 mos = \$7,176 effective 2025
 Total: \$7,176 + \$504 + \$456 = \$8,136

Benefits: 02 yrs @ \$4.50 per year of service x 12 mos = \$108
 28 yrs @ \$5.50 per year of service x 12 mos = \$1,848
 Total: \$1,848 + \$108 = \$1,956

Return: \$8,136 / \$1,956 = 4.16 yrs of benefits paid to recover all PBF dues paid out over 30 years

BREAKDOWN OF PENSION RETURN:

- Average amount of dues paid over 30 years of membership is \$7,500-\$8,500
- It takes approximately 4 years to get back what you initially put in
- Average age of death is 81 years old
- Average contributions received \$30,000

