



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

Address

Postal Code

Home Cell e-mail

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**