



AIRCRAFT MECHANICS FRATERNAL ASSOCIATION

APPLICATION FOR MEMBERSHIP

NAME: _____
last first mi

EMPLOYER: _____ STATION: _____ BID LOCATION: _____

EMPLOYEE #: _____ CLASSIFICATION: _____

HIRE DATE: _____ CLASSIFICATION SENIORITY DATE: _____

CURRENT ADDRESS: _____
street apt
_____ *city state zip*

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ PERSONAL EMAIL ADDRESS: _____

HAVE YOU PREVIOUSLY BEEN AN AMFA MEMBER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES: PREVIOUS AMFA NO. _____	LOCAL _____	EMPLOYER _____
DID YOU RECEIVE AN HONORARY WITHDRAWAL CARD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU A COMMUNIST, FASCIST, NAZI; OR SUPPORT ANY OTHER TOTALITARIAN PHILOSOPHY OR SUBVERSIVE ORGANIZATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER WORKED DURING A LAWFUL STRIKE CALLED BY THE UNION IN WHICH YOU WERE A MEMBER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER WORKED AS A PERMANENT OR TEMPORARY REPLACEMENT IN A JOB CLASSIFICATION WHERE THE PERSONS WHO PREVIOUSLY HELD YOUR POSITION WERE ON STRIKE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

LENGTH OF PROBATION _____ (mths/hrs) PROBATION END DATE (est.): _____

RESULTS OF DUES AND MEMBERSHIP RECORDS CHECK WITH AMFA NATIONAL:

COMMENTS _____

RECOMMENDATION OF LOCAL SECRETARY: APPROVE / DENY (circle one) _____ (initial)

COMMENTS _____

APPLICATION PRESENTED ON: _____ APPROVED / DENIED (circle one)

PRESIDING OFFICER: _____ /S/ _____

WITNESS: _____ /S/ _____

WITNESS: _____ /S/ _____