



Brotherhood's Relief and Compensation Fund
 2150 LINGLESTOWN ROAD, HARRISBURG, PA, U.S.A. 17110-9691
 TOLL-FREE NUMBER: 1-800-233-7080 LOCAL: (717) 657-1890

E-MAIL: brcf.org WEBSITE: www.brcf.org I am applying as a I am applying for an INCREASE in my MEMBERSHIP BENEFITS to \$_____ per day.
 NEW MEMBER at \$_____ per day. BR&CF Member # _____

Please Print PERSONAL DATA

Name _____ Work Location _____

Address _____ Social Security Number _____

If box, indicate street address _____

City _____ State or Province _____ Zip _____

Telephone Number Home _____ Cell _____ E-mail _____

PLEASE COMPLETE ALL ITEMS BELOW

Date of Birth ____/____/____ Male Female Present Age _____ Occupation _____

Employed by _____ Date of Hire _____

Labor Organization _____ Lodge/Division Number _____

A \$50,000 ACCIDENTAL DEATH AND DISMEMBERMENT POLICY IS PROVIDED AT NO ADDITIONAL COST TO MEMBERS "In Good and Regular Standing" (Article XXXIII, Sec. 4). Please provide us with the following information and update as necessary (please print).

Name of Beneficiary *Relationship*

If the applicant is approved after the 23rd day of the current month, the membership shall become effective on the actual date of approval, but the first month's dues submitted with the application shall be applied to the succeeding month, the member being beneficial, however, from the date of approval without additional costs. In no event, however, shall the organization be liable for any benefits the cause of which occurred prior to the date of approval.

DISCIPLINE HISTORY

Include all demerits, deferred suspension, decertification and/or actual time served. List the latest occurrence first.

IF NONE, CHECK HERE

Discipline	Date	Cause

Is there any occurrence pending which may result in discipline? Yes No

If Yes, Explain _____

Are you currently serving probation? Yes No Date to be completed ____/____/____

I agree and covenant, if accepted for membership, to be bound by and subject to all and every term and provision of the Constitution and laws of the Brotherhood's Relief and Compensation Fund, now in force and effect or subsequently duly enacted, approved, or adopted. I hereby certify, declare and warrant that all the foregoing representations, statements and answers are complete and true, without evasion or concealment, each of which I agree is material to and an inducement for my acceptance in membership by this Organization, and if subsequently ascertained to be false or fraudulent, of which the Brotherhood's Relief and Compensation Fund shall be the sole judge, all and singular, my rights, privileges, benefits and equities, arising thereunder shall be forthwith forfeited and null and void. New members will be sent their own copy of the Constitution upon approval of application.

Approved application only effective upon receipt of dues.

Referred by Member _____ Signature of Applicant _____

Address _____ Date _____

Member ID # or S.S.# _____

MAKE YOUR CHECK PAYABLE TO **BR&CF**
 MAIL TO THE ADDRESS ABOVE
 DUES AND BENEFITS SCHEDULE IS ON BACK