

ACCEPTED BY TRANSFER

"Clearance Certificate"

The member listed below has this date ______ requested to transfer to this Local. Their IU Dues Card indicates they have paid all dues up to and including the month of ______, ____, A copy of this form will be forwarded to IU Headquarters if we do not hear from you within fourteen (14) days from the date this certificate is mailed. Otherwise, the transfer shall be completed as of the day the traveling member complies with all terms and conditions for transferring.

Transfe Local No.	r From State Prov.	Member Number								Social Security or Social Insurance Nur							mber							Date o Mo.		e of	f Birth Day		Yr	•
Membe Last	er Name													F	irst															Initial
Addres	s Line 1																													
Addres	s Line 2																													
City																			Sta	ate	/Pro	ov.	2	Zip (Cod	e				
	Area Code Home Phone Number Area Code Cell Phone Number* Email Address* *(See Reverse Side)													Canada The demographic information requested is optional. Your response or non-response will not affect your application or membership rights in any way. The information will be used in aggregate form to better understand demographic trends and to develop programs and initiatives that promote diversity in our membership.																
Gender Ethnici	ː Male	Fem ne): +				not no [wish		sclos Hisp		 c or	Lat	tino		I	do ı	not	wis	h to	dis	sclo	se [
Race (c	heck one):	Asian		Am	neric	an In	dian	/Alas	ka N	ativ	e/Fi	rst	Nati	on	Cana	adia	n		Bla	ack	/ Af	rica	n An	neric	an		N	Vhite	: 🗌	
Native H	Hawaiian/Pa	acific Is	lande	er 🗌]	Two	or M	ore F	laces	5]	۱d	o nc	ot w	ish t	o di	sclo	se												
Signature of Applicant Must be the same as printed above													Signature of Local Officer																	
Send p	Send pink copy to transferring Local														Accepting Local															
	Send white copy to IU headquarters after fourteen (14) days Retain yellow copy for your records													Address																
Che	Check this box if a replacement dues card is required												Cit	y St	ate	/Pro	ov. Z	Zip												

Statement of Purpose

It is a core object of BAC "to organize all individuals engaged in work within its jurisdiction for their mutual benefit, aid and protection, through direct organizing activity and by assisting its affiliated Local Unions in their organizing activities." BAC does not discriminate with respect to membership on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity or expression, genetic information, or on any other basis prohibited by applicable law.

*By providing your mobile number, you consent to receive messages from the International Union of Bricklayers and Allied Craftworkers and its affiliates, BACPAC, and affiliated Local Unions and ADCs, concerning work, news, action opportunities, and other important information, including by recorded and autodialed calls and text messages. Carrier data and message rates may apply. You may opt out at any time by calling 1-888-880-8222, texting "STOP" to 877877, or emailing textbac@bacweb.org. BAC takes steps to protect the privacy of your email address and other information, as discussed in our privacy policy at https://member.bacweb.org/privacy.php.