



BCRC MEMBER APPLICATION FORM
PHONE : (219)764-9500 FAX : (219)764-9505
****PLEASE MAKE COPIES AS NEEDED****

TRADE CODE _____
 (OFFICE USE ONLY)

BCRC NUMBER _____
 (OFFICE USE ONLY)

****** PLEASE PRINT CLEARLY, BCRC IS NOT RESPONSIBLE FOR MISDIRECTED MAIL
 BECAUSE YOUR HANDWRITING IS NOT CLEAR******

LOCAL UNION: _____ TRADE: _____

COMPANY NAME: _____

TODAY'S DATE: ____/____/____ DATE OF BIRTH: ____/____/____

SOCIAL SECURITY # ____ - ____ - ____ DRIVER'S LICENSE #: _____ STATE OF ISSUE _____

EMPLOYEE LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: (____) _____ - _____ ALTERNATE PHONE: (____) _____ - _____

CHECK THIS BOX TO RECEIVE TEXT / E-MAIL NOTIFICATION FOR BCRC RANDOMS.

CELL PHONE PROVIDER : _____ (AT&T, Sprint, T-Mobile, Verizon, Etc.)

E-MAIL ADDRESS: _____

**IMPORTANT! BE SURE TO CHECK THE APPROPRIATE BOX (ES) BELOW.
 YOU NEED TO COMPLETE THIS FORM TO RECEIVE A BCRC CARD.**

NEW APPLICANT

APPRENTICE

TRADE TRANSFER

TRAVELER

D.O.T.

NON-BARGAINING

THIS FORM IS CONFIDENTIAL AND MUST BE HELD IN A SECURED LOCATION AT ALL TIMES

Application Acknowledged by Applicable Local Union _____

Acknowledged By: _____

Please Print

Please Sign