



## Pledge

SEC. 157. Each applicant before becoming a member shall take the following pledge or oath of obligation:

I, (state name) \_\_\_\_\_, in the presence of this Local Union, do truly promise and pledge my word of honor that I am familiar with the provisions and requirements of the Constitution and By-Laws of the United Association and that I will not perform any act in any way prejudicial to the best interest of the United Association, but will at all times endeavor to promote its prosperity and usefulness. I hereby agree to remain loyal and true to the principles and policies and to be governed by the Constitution and By-Laws and Ritual of the United Association and the Local Union in any and all matters now or that may hereafter be included therein. I further pledge that I will faithfully attend all meetings of the Local Union unless prevented by sickness or other causes beyond my control. I will at all times assist members of the United Association to the extent of my ability, defend them when unjustly treated or slandered, and cultivate for each and every member the warmest friendship and brotherly love. I will assist unfortunate or distressed members to procure employment.

I do further promise and swear that I am not a member of any organization advocating the overthrow by force and violence of the Government of the United States or of Canada.

I take this obligation voluntarily, without any mental reservation, and bind myself until death under the penalty of scorn due to moral perjury and violated honor as one unworthy of trust or assistance.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

Card No. \_\_\_\_\_

LAST (PRINT) \_\_\_\_\_

FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

SSN/SIN \_\_\_\_\_

**United Association of Journeymen & Apprentices of the Plumbing  
and Pipefitting Industry of the United States and Canada**

**BENEFICIARY OF BURIAL EXPENSE**

**(Mail completed form to your Local Union)**

To the Secretary of Local \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

In compliance with the provisions of the Constitution of the United Association of which I am a member I hereby designate \_\_\_\_\_

Relationship \_\_\_\_\_ as the person to whom shall be paid any "Burial Expense Benefit" to which I may be entitled at the time of my death. This individual will be responsible for the payment of my funeral expense. I understand that if the aforementioned party does not assume responsibility for my burial expense, the benefit will be paid to the party who does or the party who is more equitably entitled. (Beneficiary must be at least 18 years of age)

WITNESS:

Dated this \_\_\_\_\_ day of \_\_\_\_\_  
(day) (month) (year)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Member's Signature)

