



## MEMBERSHIP APPLICATION

Please complete the information and return by mail to: National Association of Journeymen Linemen 3440 Sixes Road, Suite 123, Canton, GA 30114, FAX to: 678-880-7263 or E-mail to [info@NationalJourneymenLinemen.com](mailto:info@NationalJourneymenLinemen.com)

### **Applicant Information:**

Please Print

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to enroll in the National Association of Journeymen Linemen (NAJL). As part of my membership, I am also receiving a membership into the American Advantage Association to which entitles me to an AD&D policy and access to additional benefits.

Date of Birth: \_\_\_\_\_ (Required to process insurance policy) T-shirt size: L XL 2X 3X

### **Present Employer:**

If multiple employers, please list three

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/s Held: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employment Dates From: \_\_\_\_\_ to \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Past Work Experience**

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/s Held: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employment Dates From: \_\_\_\_\_ to \_\_\_\_\_

Work Performed: \_\_\_\_\_

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

**Past Work Experience**

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/s Held: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employment Dates From: \_\_\_\_\_ to \_\_\_\_\_

Work Performed: \_\_\_\_\_

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

**Training & Certification**

Include dates of completion and attach any supporting documentation

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

**Additional Information**

Please list other activities ex: Lineman Rodeo

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**Professional References**

Application must include at least three references

Name: \_\_\_\_\_ Affiliation to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Payment** (NAJL Tax ID# 45-1342199)

Membership fee must be included with the application. Payment will be processed when application is approved.

Initial membership fee: \$120      Annual renewal fee: \$65

Visa     Mastercard     American Express     Discover      Total: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Check Enclosed – Make checks payable to: **National Association of Journeymen Linemen**

**Payment Processing:** If application is rejected checks will be returned and credit cards will be refunded.