

Article X

EACH MEMBER OF THIS ASSOCIATION SHALL BE ENTITLED TO A MEMBERSHIP CERTIFICATE.

Article XI

AN ASSESSMENT OF THREE DOLLARS (\$3.00) SHALL BE LEVIED AGAINST EACH MEMBER, UPON THE DEATH OF ANY OF THE ASSOCIATION MEMBERS. IF A DEATH SHOULD NOT OCCUR IN ANY ONE (1) FISCAL YEAR OF THE ASSOCIATION, THE SECRETARY SHALL LEVY AN ASSESSMENT OF THREE DOLLARS (\$3.00), TO BUILD THE FUND AND TO DEFRAY EXPENSES OF THE ASSOCIATION. WHEN THE FUNDS OF THE ASSOCIATION ARE REDUCED TO LESS THAN SEVEN THOUSAND FIVE HUNDRED DOLLARS (\$7500.00), THE NECESSARY AMOUNT TO PAY FIVE (5) STIPULATED DEATH BENEFITS, AN ASSESSMENT OF THREE DOLLARS (\$3.00) SHALL BE LEVIED. EACH FISCAL YEAR WILL BEGIN ON MAY 31ST.

Article XII

UPON RECEIPT OF SATISFACTORY NOTIFICATION OF A MEMBERS DEATH, THE SECRETARY SHALL FORWARD TO THE BENEFICIARY(S) OF THE MEMBER, THE SUM OF ONE THOUSAND FIVE HUNDRED DOLLARS (\$1500.00), IN A MANNER DEEMED MOST EXPEDIOUS.

Article XIII

IF NONE OF THE SPECIFIED BENEFICIARY(S) OF THE MEMBER ARE LIVING, THE BENEFIT WILL BE PAID TO THE MEMBERS ESTATE.

**TO BECOME A MEMBER
PLEASE FILL OUT THE FORM
ON BACK OF COVER
ENTIRELY**

RETURN IT TO:

701 IMMEDIATE RELIEF ASSOCIATION
28600 BELLA VISTA PARKWAY
SUITE 1100
WARRENVILLE, IL 60555

ALONG WITH \$20.00

**PLEASE MAKE CHECKS
PAYABLE TO:**

701 IMMEDIATE RELIEF ASSOCIATION



**LOCAL 701
IMMEDIATE
RELIEF
ASSOCIATION
BYLAWS
AND
MEMBERSHIP
FORM**



IO Card Number _____ Social Security # _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zipcode: _____
 Birthdate: _____/_____/_____
 Beneficiary: _____ Relationship: _____
 Signature: _____ Date: _____/_____/_____

PLEASE SIGN AND DATE

Constitution and Bylaws of Local 701 Immediate Relief Association

Article I

THIS ASSOCIATION SHALL BE KNOWN AS THE 701 IMMEDIATE RELIEF ASSOCIATION.

Article II

THE OBJECT OF THIS ASSOCIATION IS TO PROVIDE THE PAYMENT OF ONE THOUSAND FIVE HUNDRED DOLLARS (\$1500.00), FOR IMMEDIATE USE BY THE BENEFICIARY(S) OF A DECEASED MEMBER OF THIS ASSOCIATION.

Article III

MEMBERSHIP IS OPEN TO ANY MEMBER OF LOCAL UNION #701, 18 TO 45 YEARS OF AGE, OR 5 YEARS FROM ADMISSION OF MEMBERSHIP DATE, WHICH EVER IS LATER, WHOSE HEALTH IS SUCH THAT THEY ARE ABLE TO PERFORM THE DUTIES REQUIRED OF THEM AS A MEMBER. IF A MEMBER IS BETWEEN THE AGE OF 46 TO 50 YEARS, THEY ARE STILL ELIGIBLE FOR MEMBERSHIP INTO THIS ASSOCIATION, BUT MUST PAY AN ADDITIONAL SIX (6) ASSESSMENTS PER EVERY YEAR OVER THE AGE OF 45 AND COMPLY WITH ARTICLE V.

Article IV

THERE SHALL BE NO LIMITATION AS TO THE NUMBER OF MEMBERS IN THIS ASSOCIATION.

Article V

A MEMBERSHIP FEE OF TWO DOLLARS (\$2.00), MUST ACCOMPANY THE APPLICATION TO THIS ASSOCIATION, PLUS SIX (6) ASSESSMENTS OF THREE DOLLARS (\$3.00) EACH, FOR A TOTAL OF TWENTY DOLLARS (\$20.00)

Article VI

MEMBERS SHALL BE CONSIDERED IN GOOD STANDING, WHOSE ASSESSMENTS ARE PAID IN FULL. RECEIPT BY THE SECRETARY OF THE LAST ASSESSMENT OR MEMBERSHIP FEE, IF NO ASSESSMENT HAS BEEN LEVIED SINCE DATE OF MEMBERSHIP APPLICATION, SHALL BE EVIDENCE OF GOOD STANDING.

Article VII

ANY MEMBER FAILING TO PAY THEIR ASSESSMENT SHALL, AT THE EXPIRATION OF THIRTY (30) DAYS FROM THE DATE OF ASSESSMENT, BECOME SUSPENDED AND SHALL NOT BE ENTITLED TO THE BENEFITS PROVIDED IN ARTICLE II. IF ASSESSMENTS ARE NOT PAID WITHIN SIXTY (60) DAYS OF THE DATE LEVIED, MEMBERSHIP IN THIS ASSOCIATION WILL BE CONSIDERED CANCELLED AND THE DELINQUENT MEMBER SO NOTIFIED. ANY CANCELLED MEMBER MAY BE REINSTATED BY PAYING THE MEMBERSHIP FEE PROVIDED FOR IN ARTICLE V, PLUS ALL PAST DUE ASSESSMENTS.

Article VIII

IF A MEMBER OF THIS ASSOCIATION LEAVES THE LOCAL UNION IN GOOD STANDING, OR RETIRES, THEY MAY RETAIN THEIR MEMBERSHIP IN THE ASSOCIATION BY COMPLYING WITH THE RULES AND BYLAWS OF THE ASSOCIATION. ANY MEMBER JOINING AFTER SEPTEMBER 30, 1967, MUST BE AN ACTIVE MEMBER OF LOCAL UNION 701 FOR THE THREE (3) YEARS IMMEDIATELY PRECEDING THEIR LEAVING OR RETIREMENT TO CONTINUE MEMBERSHIP.

Article IX

EACH MEMBER MUST NOTIFY THE SECRETARY IN WRITING OF A CHANGE IN NAME OR ADDRESS AND ANY CHANGE IN THE NAME OR ADDRESS OF THEIR BENEFICARY(S).