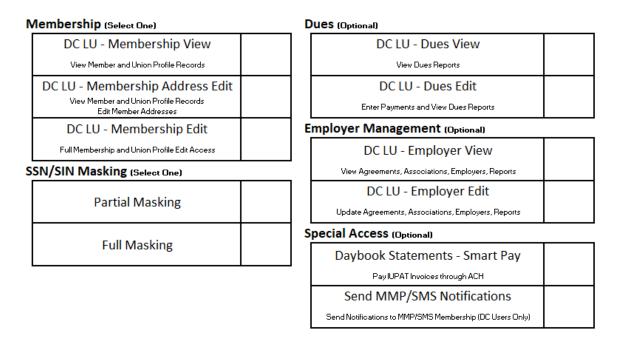# IUPAT Integrated Member Services
ACCESS REQUEST FORM

The International Union of Painters and Allied Trades, AFL-CIO, which has executed a Participation Agreement, requests authorization for access by the below-named individual to the IUPAT Integrated Membership Services (IUPAT-IMS) system.

Access is requested to the extent described below. It is understood that access will be granted only to the individual named herein, and that by executing this request those individuals agree that they will not share their password with others, that they will not permit others to access the system using their password.

The requesting Agent affirms that he or she will notify the IUPAT General Secretary-Treasurer by telephone and in writing immediately upon the applicant named herein vacating the position listed below.

The IUPAT and the individual user named below further acknowledge and agree that all data input into the system is the exclusive property of the entity inputting the data, that access to other user's data is granted only for lawful purposes to carry out the authorized business of the participating entity, and that the data will be used for no other purpose.

Membership (Select One)

DC LU - Membership View View Member and Union Profile Records	
DC LU - Membership Address Edit View Member and Union Profile Records Edit Member Addresses	
DC LU - Membership Edit Full Membership and Union Profile Edit Access	

SSN/SIN Masking (Select One)

Partial Masking	
Full Masking	

Dues (Optional)

DC LU - Dues View View Dues Reports	
DC LU - Dues Edit Enter Payments and View Dues Reports	

Employer Management (Optional)

DC LU - Employer View View Agreements, Associations, Employers, Reports	
DC LU - Employer Edit Update Agreements, Associations, Employers, Reports	

Special Access (Optional)

Daybook Statements - Smart Pay Pay IUPAT Invoices through ACH	
Send MMP/SMS Notifications Send Notifications to MMP/SMS Membership (DC Users Only)	

_____
Applicant Name

_____
Applicant Position

_____
Applicant Signature

_____
Applicant Email Address

Access to DC _____ LU(s)_____
If access to all LU's of DC, leave LU(s) Blank
Other Special Access:

_____

_____
BM/ST Name (Please Type or print)

_____
BM/ST Signature   Date

Please scan and email this form to imssupport@iupat.org when complete

UPDATED 05/21/2021