

Last Name _____ First Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Telephone (Home) _____ (Work) _____
 Personal E-mail _____
 Employer _____
 Employer address _____
 City _____ Province _____ Postal Code _____
 Classification _____
 Department _____
 Full-time Part-time Casual/Relief



Canadian Union of Public Employees

Application for membership to Local _____

Declaration

I, the undersigned:

- i) apply for membership in the Canadian Union of Public Employees and agree to abide by its Constitution and By-laws; and
- ii) authorize the Union to be my exclusive bargaining agent.

Applicant's Signature _____ Date _____
D/M/Y

On behalf of the Union, I hereby accept this application.

Signature (on behalf of the Union) _____ Date _____
D/M/Y

