

APPLICATION FOR MEMBERSHIP ON MB SK

▶ Last name				First name		
▶ Address						
City				Province	Postal Code	
▶ Phone cell				Phone home		
▶ Personal Email address						
▶ Employer						
▶ Employer address						
City				Province	Postal Code	
▶ Classification/Department						
▶	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual/Relief					

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;
- (iii) declare that I have been made aware of the dues structure and I understand how Union dues are determined;
- (iv) declare that I have signed this card free from any intimidation, coercion or threat.

Applicant's Signature

Day/Month/Year

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

Signature
(on behalf of the union)

Day/Month/Year