

APPLICATION FOR MEMBERSHIP ON MB SK

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|-----------------------------|--|--|------------|-------------|--|
| ▶ 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.

John Smith

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

IMPORTANT POINTS ON FILLING OUT THIS FORM

From Aimee (CUPE Organizer)

- Include any nicknames or legal names that the employer has on file (what's on your pay statement?)
- Print clearly
- Only sign and date the first line in the Declaration box (the last one is for me)
- Ensure that you date the form in the order noted (DAY/MONTH/YEAR)
- You can fill this form out electronically, however only a true signature will be accepted (not a typed electronic signature)
- Return the form:
 - To the person that gave it to you (via email or paper)
 - Take a picture or scan it (make sure it's clear!) and send it to:
 - the person that gave it to you or
 - Me! My number is 306-631-1844 and email is anadon@cupe.ca

**** You can also use this information to contact me if you have any questions or check out our websites: <https://choosecupesk.ca> ****