

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.

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://chinooksd.cupe.ca> & <https://choosecupesk.ca> ****