

# CUPE – Canadian Union of Public Employees

## Application for Membership

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\_\_\_\_\_

### I, the undersigned:

- I. Apply for membership in the Canadian Union of Public Employees and agree to abide by its Constitution and By-laws;
- II. Authorize the Union to be my exclusive bargaining agent;
- III. Declare that I have been made aware of the dues structure and that there are no initiation fees 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\_\_\_\_\_ Date\_\_\_\_\_

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

Signature (on behalf of the Union)\_\_\_\_\_ Date\_\_\_\_\_