

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



CANADIAN UNION OF PUBLIC EMPLOYEES,

Local _____

Authorization Card for Deduction of Dues and Assessment

I, the undersigned, hereby authorize and request my employer,

to deduct from my wages once each month, an amount equal to the current monthly dues and/or assessments as established from time to time by Local No. _____.

The money thus deducted is to be remitted monthly to the Treasurer of the Local.

(Signature of Employee)

(Witness)

(Date)