

SGEU MEMBERSHIP REGISTRATION

Please forward 1 copy via email to: MIS@sgeu.org or

Fax to: (306) 789-2534 or

Send to: 1440 Broadway Avenue, Regina SK S4P 1E2

1. PERSONAL INFORMATION

First Name	Middle Nam	Middle Name City, Town/Province		Last Name	
Mailing Address	City,			Postal Code	
			Gender:	☐ Female	☐ Male
S.I.N.	Birthdate (D/M/Y)				
Home Phone No.	Cell Phone No.	Cell Phone No. Home E-Mail			
2. EMPLOYMENT AN	ID WORKPLACE INFO	ORMATION			
Employer		Ministry/Department			
Workplace Address		City, Town/Pro	ovince	P	ostal Code
Position Title		Job Start Date (D/M/Y) Job End Date (D/M/Y)			
Job Type (Check Appropriate	` '' —				erm
3. AUTHORIZATION	Permane	ent 🗌 Non Per	m. 🗌 Sea	asonal 🗌 La	bour Service
I hereby apply for membership in agencies or representatives to rehours of work or other condition	epresent me, as my exclusive ba	rgaining agent, in			
I also authorize my employer to o Union in accordance with its cor Secretary/Treasurer of the Union appropriate privacy laws and and	nstitution. I further authorize my n. I further authorize the informa	employer to remit	the amount s	so deducted to th	е
By providing your home email as electronically. You can remove y				union communic	ations to you
Member's Signature	Check Box [Denotes Signat	ure Da	ate	
*Note: for Public Service Govern you can select the Local of your Melfort (Local 1114) but work in	residence or Local of your work				

Local of Choice