

Membership Application

First Name:		
Last Name:		
Address:		
Home	Cell	
Phone:	Phone:	
Home email:		
Position:		
Work Location:		
MEMBER OBLIGATION	<u>ON</u> :	
	bey the Constitution of this Union, to work to in	•
rights and liberties of work	nembers and other workers, to defend and wor ers and that I will not purposely or knowingly ha ion. (CUPE Constitution Article B.8.4)	•
• • • • • • • • • • • • • • • • • • • •	or membership in the Canadian Union of Public Is and the CUPE National Constitution.	Employees Local 3550 and
Date:	Signed:	
If accepted, please ser	nd my membership application to my:	
Work Location	Home Address	