



APPLICATION FOR MEMBERSHIP TO CUPE LOCAL 523

▶ Last name				First name		
▶ Address						
City				Province	Postal Code	
▶ Phone number						
▶ Personal email address						
▶ Employer	<input type="checkbox"/> SD53	<input type="checkbox"/> SD67	<input type="checkbox"/> SD83			
	<input type="checkbox"/> TPCS	<input type="checkbox"/> NOYFSS				
▶ Job Title						
▶ NOTICE OF BENEFICIARY						
▶ Full Name					Relationship	
▶ Address, if different					Phone Number	

DECLARATION

I, the undersigned: _____

Apply for membership in the Canadian Union of Public Employees and its Local 523 and agree to abide by its constitution and bylaws.

If accepted into membership, I promise to support and obey the Constitution of this union, to work to improve the economic and social conditions of other members and other workers, to defend and work to improve the democratic rights and liberties of workers, and that I will not purposely or knowingly harm or assist in harming another member of the union.

Applicant Signature

Day/Month/Year

Witness Signature

(Office Only, Executive member on behalf of the union)

Day/Month/Year