

CUPE 5406

APPLICATION FOR MEMBERSHIP TO CUPE LOCAL 5406

Last Name	First Name		
Address			
City	Province	Postal Code	
Cell Phone	Home Phone		
Preferred Email			
Classification / Job Title			
Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call/Casual <input type="checkbox"/>			

DECLARATION

I, the undersigned:

Apply for membership in the Canadian Union of Public Employees and its Local 5406 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 the other members and other workers, to defend and work to improve the democratic rights and liberties of members, and that I will not purposely or knowingly harm or assist in harming another member of the union.

Applicant Signature

Date

Witness Signature
(on behalf of the union)

Date