

APPLICATION FOR MEMBERSHIP IN CUPE 2419
(Please send this section to the Union)

Name: _____

Address: _____

University Department/Unit: _____

Phone : (home) _____ (office)

Email address: _____

I hereby apply for membership in Local 2419, Canadian Union of Public Employees.

I commenced work on _____ in the Faculty of _____
(date)

Department of _____ as a _____
(position title)

If approved as a member, I agree to abide by the Constitution of the Canadian Union of Public Employees and the Bylaws of Local 2419.

Signature: _____ Date: _____