

APPLICATION for MEMBERSHIP



Last Name:		First Name:	
Address:			
City:	ON	Postal Code:	
Cell Phone:		Alternate Phone:	
Personal Email:			
Employer:			
Employer Address:			
City:	ON	Postal Code:	
Work Phone:			
Classification/Dept:			

Full Time Part Time Casual

DECLARATION

I, the undersigned

Apply for membership in the Canadian Union of Public Employees and its Local 4705 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:		Date:	
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Witness Signature: (on behalf of the CUPE 4705)		Date:	
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Please email or scan completed form to recordingsecretary_4705@cupesudbury.org or treasurer_4705@cupesudbury.org
or fax to the CUPE 4705 Union Office at 705-560-8927