

Mobilization Committee

The strength and effectiveness of your Bargaining Team depends on you. We are asking each and every Member to complete this information in part to insure up to date communication. Please complete part two, to indicate how you would like to participate and show your support with Bargaining Team!

CGS Inside Unit CGS Outside unit CGS Housing unit

PART ONE: Information

Last Name _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Email (Non CGS): _____

PART TWO: Participation

Please indicate how you are willing to participate in support of your contract demands.

Strike Committee:

Communication Committee:

Information Pickets:

Wear CUPE swag (buttons, pins, etc):

Other: (Please Specify)

In Solidarity,

Your Bargaining Team