



Member Education Application

Name/ Phone #/ Email:					
Department:		Section:		Number of Years Worked for the City:	
Course Title:					
Course Date:		Course Location:			

Please answer the following questions:

1. What are you planning to get out of this course?
2. How would you apply what you learn from this course to better the union?
3. Have you taken a 2-day course before? If so, which one(s)?
4. Have you taken a week long course before? If so, which one(s)?
5. Are you on any 402 Committee/OH&S Committees?
6. Have you been to a Shop Steward Meeting before?
7. Have you taken Intro to Stewarding or Stewarding Training Level 1?
8. Are you currently a Shop Steward or wanting to become one?
9. How many times on average do you attend Union Meetings a year?

**Return your completed form to cupeoffice@cupe402.com
Attn: Education Committee**