

# APPLICATION FOR MEMBERSHIP TO CUPE LOCAL \_\_\_\_\_

▶ Last name				First name		
▶ Address						
City				Province	Postal Code	
▶ Phone cell				Phone home		
▶ Personal Email address						
▶ Employer						
▶ Employer address						
City				Province	Postal Code	
▶ Work Phone						
▶ Classification/Department						
▶ <input type="checkbox"/> Full time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual				

## DECLARATION

### I, the undersigned:

Apply for membership in the Canadian Union of Public Employees and its Local \_\_\_\_ and agree to abide by its constitution and bylaws.

If accepted into membership, I promise to support and comply with 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

Day/Month/Year

No signature required

Witness Signature  
 (on behalf of the union)

Day/Month/Year