

APPLICATION FOR MEMBERSHIP TO CUPE LOCAL 40

▶ Last name		First name			
▶ Address					
City		Province		Postal Code	
▶ Phone cell			Phone home		
▶ Personal Email address					
▶ Employer	CALGARY BOARD OF EDUCATION				
▶ Employer address	1221 8 STREET SW				
City	CALGARY	Province	AB	Postal Code	T2L 0L4
▶ 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 40 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

Day/Month/Year

Witness Signature
 (on behalf of the union)

Day/Month/Year