

APPLICATION FOR MEMBERSHIP TO CUPE LOCAL 905

Last name			First name		
Address					
City			Province	Postal Code	
Phone cell			Phone hor	ne	
Personal Ema	ail address				
Employer (eg. York Region, City of Markam, etc)					
Employer address					
City			Province	Postal Code	
Work Phone					
Classification/Department					
Full time Part Time Casual					

DECLARATION

I, the undersigned:

Apply for membership in the Canadian Union of Public Employees and its Local 905 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