

# Ontario Public Service Employees Union Membership Application Form

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Employee # (if available) \_\_\_\_\_ Union # (if available) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Female  Male  Prefer to self-describe \_\_\_\_\_

Home address: (Unit/Apt.) \_\_\_\_\_ Secure (non-work) email: \_\_\_\_\_

Street: \_\_\_\_\_ Employer: \_\_\_\_\_

City: \_\_\_\_\_ Store #: (LBED only) \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Work address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Ministry (OPS only): \_\_\_\_\_

Work phone: \_\_\_\_\_ ext: \_\_\_\_\_ Job classification/Job title: \_\_\_\_\_

Cellular: \_\_\_\_\_ Date of hire: (mm/dd/yyyy) \_\_\_\_\_

<u>BPS</u>	<u>CAAT-A</u>	<u>CAAT-S</u>	<u>OPS</u>
<input type="checkbox"/> Full-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
<input type="checkbox"/> Reg. Part-time	<input type="checkbox"/> Partial Load	<input type="checkbox"/> Appendix D	<input type="checkbox"/> Regular
<input type="checkbox"/> Relief/Casual		<input type="checkbox"/> Appendix G	<input type="checkbox"/> Student
			<input type="checkbox"/> Student

While OPSEU does not sell or otherwise provide personal information to third parties, the union periodically provides information to members about union approved group affinity programs (i.e. cell phones, home/auto insurance etc.). In accordance with the Privacy Act, if you do not wish to receive this type of information, please mark box below:

I do not wish to receive group affinity program information.

I hereby request and accept membership in the Ontario Public Service Employees Union. I authorize OPSEU to act as my exclusive bargaining agent in all matters pertaining to my employment relationship with my employer. I solemnly promise to uphold and obey the Constitution and By-laws of this Union, to assist my fellow members to improve their economic, political and social conditions, to uphold the principles of democracy and fair play, and to do no deliberate wrong or harm to any member of this Union.

Signature of Applicant \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Local # \_\_\_\_\_

Recruiter's name (please print) \_\_\_\_\_ Recruiter's signature \_\_\_\_\_ Business phone \_\_\_\_\_

On behalf of OPSEU, I hereby accept this application.

For Office Use Only:

Date \_\_\_\_\_

Paying New Members  
 Duplicate  
 Being organized  
 Local change only  
 Address change only  
 Name changed from: \_\_\_\_\_

Clerk \_\_\_\_\_

Unclassified  
 Re-instated  
 Addition  
 Second job

Complete form, print and sign where required. Forward to your OPSEU Regional Office.

Detach this portion and give to applicant

	Ontario Public Service Employees Union Temporary Card
This certifies that  _____ (Print Name) is a member of the above-mentioned union.	
Member's Signature	Date mm/dd/yyyy