CUPE·SCFP | Canadian Union of Public Employees
Syndicat canadien de la fonction publique

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			

☐ Full time ☐ Part Time ☐ Casual

DECLARATION

I, the undersigned:

Apply for membership in the Canadian Union of Public Employees and its Local 8___ 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