

Membership Application

LAST NAME	FIRST NAME	INITIAL	SEX	DATE OF BIRTH	SOCIAL INSURANCE NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL	HOME PHONE NUMBER	CELL PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

FULL-TIME	PART-TIME	DATE OF HIRE	EMPLOYEE NO.	COMPANY NAME	UNIT NO.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LANGUAGE PREFERRED	PREVIOUS AFFILIATION LOCAL NO.	TYPE OF WORK PERFORMED
<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby make application for membership in the United Food & Commercial Workers International Union ("the Union"). I affirm that the above statements are true. I authorize the Union to represent me for the purpose of collective bargaining and handling of grievances. I understand and acknowledge that the Union has my consent and agreement for the collection, use, or disclosure of personal information as required as it applies to my membership in, and representation by the Union. I, the undersigned, hereby authorize and request my Employer to deduct from my salary once each week an amount equal to the current weekly dues plus any initiation fees, fines and assessments as may be established from time to time by the Union. The money thus deducted is to be remitted to the Secretary-Treasurer of the Union. In applying for a membership, I understand that the Union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining.

EXECUTIVE OFFICER'S SIGNATURE	APPLICANT'S SIGNATURE	DATE SIGNED	AFFILIATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



LAST NAME	FIRST NAME	INITIAL	EMPLOYEE NO.	SOCIAL INSURANCE NO.
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I, the undersigned, hereby authorize and request my Employer,

to deduct from my salary once each week an amount equal to the current weekly dues plus initiation fees, files and assessments as established from time to time by UFCW 1518. The money thus deducted is to the Secretary-Treasurer of UFCW 1518. In applying for a membership, I understand that the union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining.

DATE:	SIGNATURE:
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PLEASE RETURN TO UNION OFFICE.

