



Canadian Union of Public Employees Application for Membership

APPLICANT INFORMATION

Last Name:		First Name:	
Male	Female		
Address:			
City:		Province:	
		Postal Code:	
Telephone (Home):		Telephone (Work):	
Personal E-mail:			

EMPLOYMENT INFORMATION

Employer:	Please check <input type="checkbox"/> Westjet or <input type="checkbox"/> WestJet Encore or <input type="checkbox"/> Swoop		
Employer address:	22 Aerial Place NE		
City:	Calgary	Province:	Alberta
		Postal Code:	T2E 3J1
Classification:			
Department:			
Full-time	Part-time	Casual/Relief	

DECLARATION

I, the undersigned:

- apply for membership in the Canadian Union of Public Employees and agree to abide by its Constitution and By-laws;
- authorize the Union to be my exclusive bargaining agent;
- hereby tender \$ _____ as payment of the initiation fee.

Signature of applicant:		Date:	
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On behalf of the Union, I hereby accept this application and acknowledge receipt of \$ _____ as payment of the initiation fee.

Signature (on behalf of the Union):		Date:	
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PLEASE PRINT AND MAIL:
ATTN: ORGANIZING & REGIONAL SERVICES
Canadian Union of Public Employees
1375 St. Laurent Blvd.
Ottawa, ON K1G 0Z7

This form is confidential. It goes to the CUPE Organizing Department.

THE EMPLOYER NEVER SEES THE FORM OR KNOWS WHO SIGNED A FORM.

A CUPE organizer will contact you by telephone to verify the information contained on this form and will then witness your signature.