Ontario Public Service Employees Union

Membership Application

Head Office: 100 Lesmill Road, North York Ontario M3B 3P8

PLEASE PRINT

* _____ _____ _____ ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss
First Name Initials Last Name

* Employee # |_|_|_|_|_|_|_|_|_|_|
or
Union # |_|_|_|_|_|_| if available

* Birth Date: _____ / _____ / _____
Day / Month / Year

* Home Address: (Unit/Apt.) _____

* Street: _____

* City: _____ Province: _____

* Postal Code: _____

* Home Phone: ( ) _____

Work Phone: ( ) _____ Ext: _____

Cellular: ( ) _____

* Secure E-mail: _____

Employer: L.C.B.O

* Store # _____ (for LCBO employees only)

* Work Address: _____

Ministry/Dept: LBED - BPS

Job Classification: CUST. SERVICE

* Hire Date: _____ / _____ / _____
Day / Month / Year

Status: (in the Ontario Public Service)

- ☐ Full-time public employee
- ☐ Regular Part-time public employee
- ☐ Student
- ☐ Unclassified staff – seasonal staff
- ☐ Unclassified staff – p/t, temp./casual

* Status: (in BPS or CAAT)

- ☐ Full-time, permanent employment
- ☐ Part-time, casual or temporary
  includes Fixed Term (summer/christmas)

* *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 (ie. 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.

* _____ * _____ 5107
Signature of Applicant Date LOCAL #

COLLEEN MACLEOD Chacfood (416) 414-5855
Recruiter's Name (please print) Recruiter's Signature Business Phone

On behalf of OPSEU, I hereby accept this application.

FOR OFFICE USE ONLY:

DATE _____ CLERK _____

- ☐ PNM
- ☐ Duplicate
- ☐ Being organized
- ☐ Local change only
- ☐ Address change only
- ☐ Name changed from: _____
- ☐ Unclassified
- ☐ Re-instated
- ☐ Addition
- ☐ Second job

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: _____