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	Brockville General Hospital		
Employer address	75 Charles St		
City	Brockville	Province ON	Postal Code K6V 1S8
Work Phone	613-345-5649		
Classification/Department			

☐ Full time ☐ Part Time ☐ Casual

DECLARATION

I, the undersigned:

Apply for membership in the Canadian Union of Public Employees and its Local 5666 and agree to abide by its constitution and bylaws.

If accepted into membership, I promise to support and comply with 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

HOW TO COMPLETE AND SIGN THE APPLICATION FORM ELECTRONICALLY

1. Download the application for membership form on your devise.

2. Open the application for membership form using Adobe Acrobat Reader. Here you can download the free Adobe Acrobat Reader.

3. Complete and sign the application for membership form. To sign the application for membership form, click the “Fill & Sign” tool to create your signature using your mouse or finger.

4. Return the completed and signed form to your Local.

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