

Ontario Public Service Employees Union

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

PLEASE PRINT	DM. DM.
First Name Initials Last Na	me
Employee #_	Birth Date: / / / Year
Home Address: (Unit/Apt.) Street:	Secure E-mail: Employer: Store # (for LCBO employees only) Work Address: Ministry/Dept: Job Classification: Hire Date: / / Day
Status: (in the Ontario Public Service) ☐ Full-time public employee ☐ Unclassified staff ☐ Regular Part-time public employee ☐ Unclassified staff	
While OPSELL does not sell or otherwise provide personal i	nformation to third parties, the union periodically provides
While OPSEU does not sell or otherwise provide personal information to members about union approved group affini In accordance with the Privacy Act, if you do not wish to re-	ty programs (ie. cell phones, home/auto insurance etc.). ceeive this type of information, please mark box below: UP AFFINITY PROGRAM INFORMATION. colic Service Employees Union. I authorize OPSEU to act as my employment relationship with my employer. I solemnly of this Union, to assist my fellow members to improve their
While OPSEU does not sell or otherwise provide personal is information to members about union approved group affinit In accordance with the Privacy Act, if you do not wish to react I DO NOT WISH TO RECEIVE GROUP I hereby request and accept membership in the Ontario Pulmy exclusive bargaining agent in all matters pertaining to member to uphold and obey the Constitution and By-laws deconomic, political and social conditions, to uphold the privace.	ty programs (ie. cell phones, home/auto insurance etc.). ceeive this type of information, please mark box below: UP AFFINITY PROGRAM INFORMATION. colic Service Employees Union. I authorize OPSEU to act as my employment relationship with my employer. I solemnly of this Union, to assist my fellow members to improve their
While OPSEU does not sell or otherwise provide personal is information to members about union approved group affinit In accordance with the Privacy Act, if you do not wish to reach the property of the Indone Not Wish to Receive GRO. I hereby request and accept membership in the Ontario Pulmy exclusive bargaining agent in all matters pertaining to repromise to uphold and obey the Constitution and By-laws deconomic, political and social conditions, to uphold the privace wrong or harm to any member of this Union. Signature of Applicant	ceive this type of information, please mark box below: UP AFFINITY PROGRAM INFORMATION. Dilic Service Employees Union. I authorize OPSEU to act as my employment relationship with my employer. I solemnly of this Union, to assist my fellow members to improve their nciples of democracy and fair play, and to do no deliberate