



Ontario Public Service Employees Union

Membership Application

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

PLEASE PRINT

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

Employee # | | | | | | | | | | | | | | | | | | | | | |
 or
 Union # | | | | | | | | | | if available Birth Date: ____/____/____
 Day Month Year

Home Address: (Unit/Apt.) _____ Secure E-mail: _____
 Street: _____ Employer: _____
 City: _____ Province: _____ Store # _____ (for LCBO employees only)
 Postal Code: _____ Work Address: _____
 Home Phone: () _____ Ministry/Dept: _____
 Work Phone: () _____ Ext: _____ Job Classification: _____
 Cellular: () _____ Hire Date: ____/____/____
 Day Month Year

Status: (in the Ontario Public Service)		Status: (in BPS or CAAT)
<input type="checkbox"/> Full-time public employee	<input type="checkbox"/> Unclassified staff – seasonal staff	<input type="checkbox"/> Full-time, permanent employment
<input type="checkbox"/> Regular Part-time public employee	<input type="checkbox"/> Unclassified staff – p/t, temp./casual	<input type="checkbox"/> Part-time, casual or temporary
<input type="checkbox"/> Student		

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.

Signature of Applicant _____ Date _____ LOCAL # _____
 ()

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

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: _____