## **COMMITTEE EXPRESSION OF INTEREST FORM**

			-Please print clearly-		
Name:					
Address:					
City/Town:		Postal Code:			
Home Phone:			Cell Phone:		
E-Mail:					
	oyment (affiliated		EIU-West): mmittee, please rank them accordir	ng to pro	eference – 1 being your top
Aborig	inal		Nursing Care		Worker Safety
Educat	ion		Political Action & Awareness		Young Workers (must be under 35)
Organi	zing		Retirees		Workers of Colour

Do you have any experience sitting on SEIU-West or other union committees?

Are you currently active in the union as a steward or as a unit officer?

If yes, in what position(s) and for how long?

Do you regularly attend your unit union meetings?	Yes	No

Yes

Yes

No

No

How do you think this Committee will benefit you in your workplace or as an elected representative within your unit?

Date Submitted: \_\_\_\_\_

Return completed applications by July 15, 2019 to: Email: Barb.Cape@seiuwest.ca Address: SEIU-West #200 – 747 46th Street West, Saskatoon, SK S7L 6A1 Fax: (306) 652-1392