



Please sign and date this card beside the X's only, then fill out the reverse side completely.

Yes, I apply for and accept membership in Workers United Canada Council

X _____ X _____
SIGNATURE OF APPLICANT DATE

X _____ X _____
SIGNATURE OF RECEIVER DATE

PLEASE PRINT CLEARLY

LAST NAME [grid]

FIRST NAME [grid]

ADDRESS _____ APT# _____

CITY _____ PROVINCE _____ Postal CODE _____

PERSONAL EMAIL _____

HOME PHONE _____ CELL PHONE _____

EMPLOYER _____ JOB TITLE _____

SHIFT _____ DEPARTMENT _____

Do you work more than 24 hours per week? Yes No

We will send you important information.

