

# APPLICATION FOR MEMBERSHIP TO CUPE LOCAL 1015

▶ Last name				First name			
▶ Address							
City			Province			Postal Code	
▶ Phone cell				Phone home			
▶ Personal Email address							
▶ Employer	City of Lloydminster						
▶ Employer address	4420 50 Avenue						
City	Lloydminster		Province	AB		Postal Code	T9V 0W2
▶ Work Phone							
▶ Classification/Department							
▶ <input type="checkbox"/> Full time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual					

## DECLARATION

### I, the undersigned:

Apply for membership in the Canadian Union of Public Employees and its Local 1015 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