



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)

- Full-time public employee
- Regular Part-time public employee
- Student
- Unclassified staff – seasonal staff
- Unclassified staff – p/t, temp./casual

Status: (in BPS or CAAT)

- Full-time, permanent employment
- Part-time, casual or temporary

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: _____