



Ontario Public Service Employees Union Membership Application Form

First name _____ Initials _____ **Last name** _____

Employee # (if available) _____ Union # (if available) _____ **Date of birth** (mm/dd/yyyy) _____

Female Male Prefer to self-describe _____

Home address: (Unit/Apt.) _____ **Secure email:** _____

Street: _____ **Employer:** _____

City: _____ **Store #:** (LBED only) _____

Province: _____ **Postal code:** _____ **Work address:** _____

Home phone: _____ **Ministry (OPS only):** _____

Work phone: _____ **ext:** _____ **Job classification:** _____

Cellular: _____ **Date of hire:** (mm/dd/yyyy) _____

- | | | | | |
|---|---------------------------------------|-------------------------------------|---|---|
| BPS | CAAT-A | CAAT-S | OPS | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Full-time | <input type="checkbox"/> Full-time | <input type="checkbox"/> Full-time | <input type="checkbox"/> Fixed Term |
| <input type="checkbox"/> Reg. Part-time | <input type="checkbox"/> Partial Load | <input type="checkbox"/> Appendix D | <input type="checkbox"/> Reg. Part-time | <input type="checkbox"/> Flexible Part-time |
| <input type="checkbox"/> Relief/Casual | | <input type="checkbox"/> Appendix G | <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** (mm/dd/yyyy) _____ **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 _____
<input type="checkbox"/> Paying New Members	<input type="checkbox"/> Unclassified
<input type="checkbox"/> Duplicate	<input type="checkbox"/> Re-instated
<input type="checkbox"/> Being organized	<input type="checkbox"/> Addition
<input type="checkbox"/> Local change only	<input type="checkbox"/> Second job
<input type="checkbox"/> Address change only	
<input type="checkbox"/> Name changed from: _____	

Complete form, print and sign where required. Forward to your OPSEU Regional Office.

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 mm/dd/yyyy