



# Ontario Public Service Employees Union

## Membership Application

Head Office: 100 Lesmill Road, North York Ontario M3B 3P8

PLEASE PRINT

- Mr.  Ms.
- Mrs.  Miss

First Name \_\_\_\_\_ Initials \_\_\_\_\_ Last Name \_\_\_\_\_  
 SIN# [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] Birth Date:(DD MM YY) \_\_\_\_\_

Home Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
 City: \_\_\_\_\_ Work Address: \_\_\_\_\_  
 Province: \_\_\_\_\_ Ministry/Dept: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Job Classification: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Hire Date:(DD MM YY) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ (Unclassified employees: give date of *current* period of employment)  
 Cellular: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Status: ( in the Ontario Public Service) ( if NOT in the Ontario Public Service )

<input type="checkbox"/> Full-time public employee	<input type="checkbox"/> Unclassified staff – seasonal staff	<input type="checkbox"/> Full-time, permanent employment
<input type="checkbox"/> Regular Part-time public employee	<input type="checkbox"/> Unclassified staff – p/t, temp./casual	<input type="checkbox"/> Part-time, casual or temporary
<input type="checkbox"/> Student	<input type="checkbox"/> I want to receive OPSEU's Membership Publications	

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 \_\_\_\_\_

<input type="checkbox"/> PNM	<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: _____	

Detach this portion and give to applicant

**OPSEU**  
  
**SEFPO**

**Ontario Public Service Employees Union Temporary Card**  
 This certifies that

\_\_\_\_\_ (Print Name)  
 is a member of the above-mentioned union.

\_\_\_\_\_ (Member's Signature)

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

