



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)
 Full-time public employee Unclassified staff – seasonal staff Full-time, permanent employment
 Regular Part-time public employee Unclassified staff – p/t, temp./casual Part-time, casual or temporary
 Student
 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: _____

