



**APPLICATION FOR MEMBERSHIP
AND UNION DUES DEDUCTION AUTHORIZATION**

CANADIAN OFFICE & PROFESSIONAL EMPLOYEES UNION, LOCAL 378
2nd FLOOR, 4595 CANADA WAY, BURNABY, BC V5G 1J9 (604) 299 0378

Name _____
(Print Surname) (Given Name)

Home Address _____
Street City

Postal Code _____ Telephone _____

Soc. Ins. No. _____ Job Status FT PT TEMP

EMPLOYED BY _____

Work Phone _____ Work Location _____

Job Title _____

Email Address _____

In applying for a membership, I understand that the Union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining.

Month	Day	Year

Signature

The right to join a union is guaranteed to every employee by law.
Information on this card is kept strictly confidential.