|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | |  |  | | | |  | | | |  | | | |  | |  | |  | | |
| Unifor Local 594 New Members | | | | | | | | | | | | | | | |  | | | | | | |
|  |  | | | |  | | |  | | | | |  | |  | | | | |
|  |  | | | |  | | |  | | | | | Date: | |  | | | | |
|  |  | | | |  | | |  | | | | |  | |  | |  | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
| First Name: | | | | |  | | | | | Initial: | |  | | | Last Name: | | | | | |  | | | | | | | | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
| Address: | | | |  | | | | | | | | | | City: | | | | | |  | | | | | | | | | |
|  | | | |  | | | | | | | | | | Province: | | | | | |  | | | | | | | | | |
|  | | | |  | | | | | | | | | | Postal Code: | | | | | |  | | | | | | | | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
| Home Phone: | | | | | |  | | | | | | | Cell Phone: | | | | | |  | | | | | | | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
| Email: | |  | | | | | | | | | | | | | | | Department: | | | | | |  | | | | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
|  | | | Please sign me up to receive email communications from Unifor Local 594. Communications include monthly meeting reminders, current local issues, current national issues, bargaining and work action updates. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
| I consent to using the information on this form for the purposes of representing me. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
| I hereby freely accept membership into Unifor Local 594 and pledge to comply with its constitution and policies. I authorize Unifor Local 594 to act on my behalf as a bargaining agent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
|  | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |
| Signature of Applicant | | | | | | | | | | |  | | | | | Signature of Witness | | | | | | | | | | | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |
|  | | | |  | | |  |  | |  | | | |  | | |  | | | | |  | |  | |  | | |