



British Columbia Union Workers' Union (BCUWU)

P.O. Box 80165 Station South, Burnaby, B.C., V5H 3X5

MEMBERSHIP APPLICATION

Last Name (please print)

Date of Birth (Yr/Mth/Day)

First Name and Initials (please print)

Cell or Home Phone

Text Yes ____

Text No ____

Street or Mailing Address

Personal (NOT Work) Email Address

City

Postal Code

Service Start (Yr/Mth/Day)

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.

I agree to the collection of this information for research purposes, to collect and manage dues and assessments, and to facilitate communication between the union and me.

I pledge to abide by the Union's constitution and by-laws.

Signature of Applicant

Date of Application (Yr/Mth/Day)

Signature of Union Representative

Employer

Work Location Description (Floor, Room, Etc.)

Work Mailing Address

Job Classification

City

Postal Code

Work Telephone