



**PEI UNION OF PUBLIC SECTOR EMPLOYEES**

4 ENMAN CRESCENT, CHARLOTTETOWN PE C1E 1E6

Completed forms may be sent by Fax: 1-902-569-8186 or Email: [njarvis@peiupse.ca](mailto:njarvis@peiupse.ca)

PERMANENT  CASUAL  EMPLOYEE # IF KNOWN \_\_\_\_\_

( )

FIRST NAME

INITIAL

LAST NAME

DATE OF BIRTH (MONTH/DAY/YEAR)

CELL PHONE **OR** HOME PHONE

HOME MAILING ADDRESS

POSTAL CODE

WORK LOCATION / PHONE NUMBER

JOB TITLE

DEPARTMENT

DATE EMPLOYMENT STARTED

EMAIL FOR UNION COMMUNICATION

IF EMAIL IS ABOVE, DO YOU GIVE YOUR CONSENT TO RECEIVE COMMUNICATIONS FROM UPSE ELECTRONICALLY?

YES  NO

I HEREBY APPLY FOR MEMBERSHIP IN THE PEI UNION OF PUBLIC SECTOR EMPLOYEES (PEI UPSE) & AUTHORIZE THE UNION TO REPRESENT ME IN CONSULTATION & NEGOTIATIONS WITH MY EMPLOYER.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_