



**PEI UNION OF PUBLIC SECTOR EMPLOYEES**

4 ENMAN CRESCENT, CHARLOTTETOWN PE C1E 1E6

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

EMPLOYER

FULL 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 \_\_\_\_\_