



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

PERMANENT CASUAL

EMPLOYEE # IF KNOWN _____

LOCAL # IF KNOWN _____

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

DATE OF BIRTH (MONTH/DAY/YEAR) _____ HOME PHONE _____

HOME MAILING ADDRESS _____ POSTAL CODE _____

WORK PLACE _____ WORK PHONE _____

JOB TITLE _____ START DATE _____

EMAIL FOR UNION COMMUNICATION _____

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 _____