



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: PEIUPSE@PEIUPSE.CA

EMPLOYEE # IF KNOWN _____ LOCAL # IF KNOWN _____ PERM CASUAL TEMP CONTRACT
(CIRCLE ONE ABOVE)

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FIRST NAME

INITIAL

LAST NAME

DATE OF BIRTH (MONTH/DAY/YEAR)

CELL PHONE **OR** HOME PHONE

HOME MAILING ADDRESS

POSTAL CODE

WORK LOCATION

POSITION 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 _____