

## Ontario Public Service Employees Union Membership Application Form

information to members about union approved group affinity programs (ie. cell phones, home/auto insurance etc.). In accordance with the Privacy Act, if you do not wish to receive this type of information, please mark box below:         I hereby request and accept membership in the Ontario Public Service Employees Union. I authorize OPSEU to act as my exclusive bargaining agent in all matters pertaining to my employment relationship with my employer. I solemnly promise to uphold and obey the Constitution and By-laws of this Union, to assist my fellow members to improve their economic, political and social conditions, to uphold the principles of democracy and fair play, and to do no deliberate wrong or harm to any member of this Union. I further promise to uphold the Union's commitment to dismantling anti-Black racism, anti-Indigenous racism and all forms of racism and discrimination.         Signature of Applicant       Date (mm/dd/yyyy)       Local #         On behalf of OPSEU, I hereby accept this application.       Detach this portion and give to applicant	First name Initials	Last name	
Street:       Employer:         City:       Store #: (LBED only)         Province:       Postal code:       Work address:         Home phone:       Ministry (OPS only):         Work phone:       ext:       Job classification/Job title:         Cellular:       Date of hire: (mm/dd/yyyy)         BPS       CAAT-A       CAAT-S         Part-time       Full-time       Full-time         Reg. Part-time       Partial Load       Appendix D         Reg. Part-time       Partial Load       Appendix G       Student         While OPSEU does not sell or otherwise provide personal information to third parties, the union periodically provides information to members about union approved group affinity programs (e. cell phones, home/auto insurance etc.). In accordance with the Privacy Act. if you do not wish to receive this type of information, please mark box below:         Tip on twish to receive group affinity program information.       Interest pertaining to my employees Union. I authorize OPSEU to act as my exclusive bargaining agent in all matters pertaining to my employees Union. I authorize OPSEU to act as my exclusive bargaining agent in all matters pertaining to my employment relationship with my employer. I solemnly promise to uphold and bocy the Constitution and By-laws of this Union, to assist my fellow members to improve their economic, political and social conditions, to uphold the principles of democracy and fair play, and to do no deliberate wrong or harm to any member of this Union. I further promise to uphold the Union's commitment to dismant		Date of birth (mm/dd/yyyy)	
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Work phone:	Home phone:	Ministry (OPS only):	
Cellular:	Work phone: ext:		
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For Office Use Only:		Detach this portion and give to applicant	
		OPSEU Ontario Public Service Employees Unior	
Date Clerk Temporary Card		SEFPO Temporary Card	
		This certifies that	
	5 5		
(Drint Name) is a member of the above mentioned union	□ Local change only □ Second job □ Address change only	(Print Name) is a member of the above-mentioned union.	
□ Address change only			
Complete form, print and sign where required. Forward to your OPSEU	Complete form, print and sign where required. Forward to your OPSEU Regional Office.	Member's Signature Date mm/dd/yyyy	