

OFFICIAL APPLICATION FOR MEMBERSHIP IN UNIFOR

LOCAL UNION NO _____

NAME _____ BIRTH DATE _____
 (PRINT) D M YR

ADDRESS _____ CITY _____ PROV. _____

POSTAL CODE _____ NAME OF COMPANY _____ DEPT. NO. _____

EMAIL _____

C.O.I.D NO. _____ S.I.N. _____

COMPANY LOCATION _____

SENIORITY DATE _____ CLASSIFICATION _____ PHONE NO. _____
 D M YR.

I hereby designate, select and empower Unifor, its agents or representatives, to act for me as my exclusive representative for the purposes of collective bargaining in respect to rates of pay, wages, hours of employment or other conditions of employment, and to enter into contracts with my employer covering all such matters, including contracts requiring the continuance of my membership in said Union as a condition of my employment or continued employment, and contracts requiring the employer to deduct, collect, or assist in collecting from my wages or a regular supplemental unemployment benefit payable under its supplemental unemployment benefit plan any dues and fees payable to said Union; and I hereby revoke every selection or designation which in any manner may heretofore have been made by me, of any other representative for any of such purposes.

I further irrevocably designate, authorize and empower the said Union exclusively to appear and act for me and on my behalf before any board, court, committee or other tribunal in any matter affecting my status as an employee, or as a member of said Union, and exclusively to act as my agent to represent and bind me in the presentation, prosecution, adjustment and settlement of all grievances, complaints or disputes of any kind or character arising out of the employer-employee relationship as fully and to all intents and purposes as I might or could do if personally present.

I pledge my honour to faithfully observe the Constitution and laws of this Union and the Constitution of the Dominion of Canada, to comply with all the rules and regulations for the government thereof; not to divulge or make known any private proceedings of this Union; to faithfully perform all the duties assigned to me to the best of my ability and skill; to so conduct myself at all times as not to bring reproach upon my Union, and at all times to bear true and faithful allegiance to Unifor.

(Applicants Signature) _____

(Witness) _____

(LOCAL UNION COPY)

AUTHORIZATION FOR CHECK-OFF OF DUES

TO THE _____ COMPANY Date _____
 D M YR

I hereby assign to Local Union No. _____ Unifor from any wages earned or to be earned by me or a regular supplemental unemployment benefit payable under its supplemental unemployment benefit plan as your employee (in my present or in any further employment by you), such sums as the Financial Officer of said Local-Union No. _____ may certify as due and owing from me as membership dues, including an initiation or reinstatement fee and monthly dues in such sum as may be established from time to time as union dues in accordance with the Constitution of the National Union Unifor. I authorize and direct you to deduct such amounts from my pay and to remit same to the Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This assignment authorization and direction shall be irrevocable from the date of delivery hereof to you until the termination of the collective agreement between the Company and the Union which is in force at the time of delivery of this authorization and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for the period of each succeeding applicable collective agreement between the Company and the Union.

 (Signature of Employee) (Address of Employee)

 (Type or print name of Employee) (City) (Province) (Postal Code)

 (Date of Sign.) (Emp. I.D. No.) (Soc. Ins. No.) (Date of Del. To Employer)

