



CANADIAN OFFICE & PROFESSIONAL EMPLOYEES UNION, LOCAL 378
MEMBERSHIP APPLICATION AND
UNION DUES DEDUCTION AUTHORIZATION

NAME _____
LAST NAME, FIRST NAME, INITIAL HOME PHONE _____
 CELL PHONE _____
 ADDRESS _____ OFFICE PHONE _____
 OFFICE FAX _____
 CITY _____
 POSTAL CODE _____
 BIRTHDATE _____ SOCIAL INSURANCE NUMBER _____
 (Month/Day/Year)

HOME EMAIL: _____ WORK EMAIL: _____

Previous COPE, Local 378 member? _____ Yes _____ No _____
 Previous CLC/AFL-CIO Union Membership? _____ Yes _____ No _____
 (If yes, attach withdrawal card for initiation fee Waiver)

I am applying for membership in the COPE Union Local 378 and either:
 1) In applying for membership I understand that I am part of the already certified bargaining unit at *INSERT EMPLOYER NAME* or;
 2) In applying for a membership I understand that the Union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining.

I hereby authorize _____ (*employer's name*) to deduct the appropriate dues from my salary or wages and remit to the Canadian Office and Professional Employees' Union, Local 378.

I further authorize _____ (*employer's name*) to deduct and remit to the Canadian Office and Professional Employees' Union, Local 378 any initiation fees, assessments, or arrears as requested by the Union.

I further authorize _____ (*employer's name*) to release any information regarding my employment to the Canadian Office and Professional Employees' Union, Local 378 for collective bargaining, representation, grievance or administrative purposes in accordance with Section 33, subsection (L) of the Freedom of Information and Protection of Privacy Act or the Personal Information Protection Act.

DATE (Month/Day/Year) _____ MEMBER'S SIGNATURE _____

EMPLOYER – PLEASE COMPLETE THIS SECTION:

DATE OF HIRE _____ JOB TITLE _____
 WORK LOCATION _____ EMPLOYEE I.D. # _____

FULL TIME REGULAR FULL TIME TEMPORARY PART TIME REGULAR Salary \$ _____
 Hourly/Daily/Bi-weekly/Monthly

PART TIME TEMPORARY SEASONAL CASUAL Salary Group

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED
 PLEASE RETURN TO: COPE, LOCAL 378
 301 – 4501 Kingsway, Burnaby, B.C. V5H 0E5