



-
-
-
-
-

Language of choice: English Français
 5261 LANE STREET, BURNABY, BC V5H 4A6
 #255 – 525 – 28TH STREET SE, CALGARY, AB T2A 6W9
 #1296 – 10665 JASPER AVENUE, EDMONTON, AB T5J 3S9
 #205 – 1085 BELLAMY ROAD N., SCARBOROUGH, ON M1H 3C7
 #850 – 4060 STE CATHERINE ST. W. WESTMOUNT, QC H3Z 2Z3

PHONE: 604-437-8601
 PHONE: 403-237-6990
 PHONE: 780-444-6945
 PHONE: 416-506-9723
 PHONE: 514-788-8811

APPLICATION FOR MEMBERSHIP

UNION OFFICE COPY

NAME: _____
SURNAME FIRST NAME INITIALS

EMPLOYEE # _____ SOCIAL INSURANCE # _____ LOCAL #: _____
 (Optional)

ADDRESS: _____
APT# STREET

CITY PROVINCE POSTAL CODE

HOME PHONE: _____ WORK PHONE: _____ BIRTHDATE: _____ Female Male
Day Month Year

JOB TITLE: _____ EMAIL: _____

EMPLOYER: _____ DATE EMPLOYED BY COMPANY: _____
DAY MONTH YEAR

HAVE YOU PREVIOUSLY BEEN A TWU MEMBER? YES NO

WORK LOCATION: _____

If my application for membership is accepted, I will comply with the Constitution of the Telecommunications Workers Union and Bylaws as written and amended from time to time.

SIGNATURE OF MEMBERSHIP COMMITTEE:

DATE OF APPROVAL: _____

SIGNATURE: X _____

DATE OF APPLICATION: _____
DAY MONTH YEAR

Member personal information is private and confidential and only used for the express purpose of administering the business of the Union.

ALL SECTIONS MUST BE SIGNED TO BE VALID AND MUST HAVE MEMBERSHIP COMMITTEE APPROVAL TO BE PROCESSED

This is your authority to deduct from the next paycheque of _____ the sum of \$ _____
Name

to be paid to the Telecommunications Workers Union in payment of initiation fee/or reinstatement fee.

WORK LOCATION: _____
ADDRESS

EMPLOYEE # _____ SIGNATURE: X _____

THIS SECTION MUST BE SIGNED TO BE VALID

FORM TO BE RETURNED TO YOUR CLOSEST TWU/STT OFFICE OR LOCAL SHOP STEWARD





- 5261 LANE STREET, BURNABY, BC V5H 4A6
- #255 – 525 – 28TH STREET SE, CALGARY, AB T2A 6W9
- #1296 – 10665 JASPER AVENUE, EDMONTON, AB T5J 3S9
- #205 – 1085 BELLAMY ROAD N., SCARBOROUGH, ON M1H 3C7
- #850 – 4060 STE CATHERINE ST. W. WESTMOUNT, QC H3Z 2Z3

PHONE: 604-437-8601
 PHONE: 403-237-6990
 PHONE: 780-444-6945
 PHONE: 416-506-9723
 PHONE: 514-788-8811

APPLICATION FOR MEMBERSHIP

LOCAL COPY

NAME: _____
SURNAME FIRST NAME INITIALS

EMPLOYEE # _____ SOCIAL INSURANCE # _____ LOCAL #: _____
(Optional)

ADDRESS: _____
APT # STREET

CITY PROVINCE POSTAL CODE

HOME PHONE: _____ WORK PHONE: _____ BIRTHDATE: _____ Female Male
Day Month Year

JOB TITLE: _____ EMAIL: _____

EMPLOYER: _____ DATE EMPLOYED BY COMPANY: _____
DAY MONTH YEAR

HAVE YOU PREVIOUSLY BEEN A TWU MEMBER? YES NO

WORK LOCATION: _____

If my application for membership is accepted, I will comply with the Constitution of the Telecommunications Workers Union and Bylaws as written and amended from time to time.

SIGNATURE OF MEMBERSHIP COMMITTEE: _____

DATE OF APPROVAL: _____

SIGNATURE: **X** _____

DATE OF APPLICATION: _____
DAY MONTH YEAR

Member personal information is private and confidential and only used for the express purpose of administering the business of the Union.

ALL SECTIONS MUST BE SIGNED TO BE VALID AND MUST HAVE MEMBERSHIP COMMITTEE APPROVAL TO BE PROCESSED
