

APPLICATION FOR MEMBERSHIP TO CUPE LOCAL 500

▶ Last name				First name			
▶ Address							
City				Province	Postal Code		
▶ Phone cell				Phone home			
▶ Personal Email address							
▶ Employer							
▶ Employer address							
City				Province	Postal Code		
▶ Department							
▶ Employee@# (if applicable)							

DECLARATION

I, the undersigned:

I hereby request and accept membership in the Canadian Union of Public Employees, (CUPE) and it's Local 500 and agree to abide by its constitution, by-laws, and policies.

I authorize the union to represent me in negotiations.

If accepted into membership, I promise to support and comply with the Constitution of this Union, to work to improve the economic and social conditions of other members and other workers, to defend and work to improve the democratic rights and liberties of workers, and that I will not purposely r knowingly harm or assist in harming another member of this Union.

By signing this card, you expressly authorize the Local to communicate with you by email, including monthly updates and special notices related to CUPE 500 business. We will never share your information with any third party sources.

Applicant Signature

Day/Month/Year

If you are a new member or a current member who has never filled out a membership card, or if you need to update your member contact information, please complete the form as per the instructions below.

HOW TO COMPLETE AND SIGN THE APPLICATION FORM ELECTRONICALLY

1. Open the application for membership form using Adobe Acrobat Reader. Here you can download the free [Adobe Acrobat Reader](#).
2. Complete and sign the application for membership form. To sign the application for membership form, click “**Tools**” and then click the “**Fill & Sign**” tool to create your signature using your mouse or finger.
3. Save your document to your device.
4. Return the completed and signed form to the Local 500 office. Email: union@cupe500.mb.ca or print the form and mail it to: 203 – 275 Broadway, Winnipeg, Mb, R3C 4M6. You can also fax the form to: 204-956-1439

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