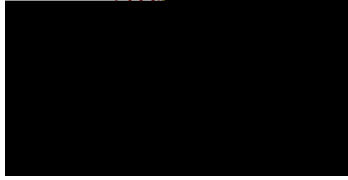
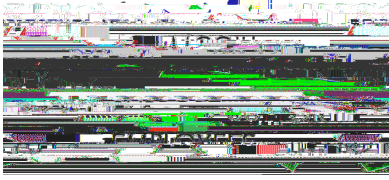


APPENDIX B – UNION MEMBERSHIP FORM



www.amusemcgill.org

TO BE COMPLETED BY THE EMPLOYEE. All fields must be completed.
Completed, ORIGINAL form must be sent to the Association of McGill University Support Employees (AMUSE-PSAC) before the employee begins their first shift of work. See address below.

CONTACT INFORMATION:

First name: _____ Last name: _____

Address: _____

Postal Code: _____ Phone number: _____

Email Address: _____

WORK