APPENDIX B- MEMBERSHIP FORM

APPLICATION FOR UNION MEMBERSHIP FORM

TO BE COMPLETED BY THE STUDENT EMPLOYEE (All fields must be completed)

Name:	
Given name:	
Address:	
City:	Prov:
Postal code:	Telephone:
E-mail address:	
Job title:	
Department/scho	
(job-related)	
Education under	way:
I, the undersigned Teaching and Re	d, am joining of my own free will the Public Service Alliance of Canada / esearch Assistant Union of Concordia.
I pledge to abide	e by its constitutions, by-laws and decisions.
Signature	Date

N.B. The PSAC-TRAC Collective Agreement is on the PSAC-TRAC web site at: www.trac-union.ca

Original : Union Copy : Employee