



Canadian Union of Public Employees

CUPE ALBERTA - AFFILIATION FORM

Date of application: _____

Local # _____

Number of Members _____

Address: _____

President: _____ Signature _____

Treasurer: _____ Signature _____

Vice President _____

Recording Secretary _____

CUPE National Representative: _____

Date that the General Membership passed a motion to Affiliate: _____

Attach a copy of the minutes that shows the motion was passed to affiliate.

Per Capita Rate as of January 1, 2015 is: (\$1.16 per member per month.)

Employer: _____

Employers Address: _____

Division Use Only:

Date that a motion was passed to grant affiliation _____

Per Capita start date _____

Attach a copy of the minutes that shows the motion was passed to except affiliation.

Division President

Division Treasurer

Marle Roberts - President, Glynnis Lieb - Secretary-Treasurer,
Scott Cush- Recording-Secretary, David Graham - GVP North, Kim Storebo - GVP South