



## Committee/Council Application Form

Name: \_\_\_\_\_

Member mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Committee Preferred: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Local: \_\_\_\_\_ Sector: \_\_\_\_\_

My Local is aware of my interest in this committee and this application Yes No

President (Name and Signature): \_\_\_\_\_

Local mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Any experience on this committee(s):

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Why do you want to sit on the above committee(s):

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**Return to:**

**CUPE Alberta Division  
Attention: John Vradenburgh, Recording Secretary  
c/o 300, 10235 - 124 Street NW  
Edmonton, Alberta  
T5N 1P9  
Email: [john.vradenburgh@cupeab.org](mailto:john.vradenburgh@cupeab.org)**