



Committee/Council Application Form

Name: _____

Member Mailing Address: _____

Telephone Number: _____ Fax number: _____

E-mail address: _____

Committee Preferred: 1st Choice _____

2nd Choice _____

Local: _____ Sector: _____

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

President: _____
Name Signature

Local mailing address: _____

Telephone number: _____ Fax number: _____

Any experience on this committee(s):

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

Return to:
CUPE Alberta Division
#300, 10235-124 Street NW
EDMONTON AB T5N 1P9
Email: john.vradenburgh@cupeab.org

