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 and 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
600 South, 10130 - 112 Street NW
Attention: CUPE AB Recording Secretary
Edmonton, Alberta
T5K 2K4
Email: secretary@cupeab.org