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, 2022 is: ($1.30 per member per month.)

Employer: _____

Employers Address: _____

Division Use Only:

Date that a motion was passed to grant affiliation _____

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

Per Capita start date _____

_____ Division President

_____ Division Treasurer

Send completed forms to: CUPE Alberta Division Secretary-Treasurer, #148 11905 - 111th Ave. Edmonton, AB T5G 0E4 or

Email: secretary@cupeab.org