

APPENDIX B – UNION MEMBERSHIP FORM



ASSOCIATION of
MCGILL
UNIVERSITY
SUPPORT
EMPLOYEES

www.amusemcgill.org



Public Service Alliance of Canada
Alliance de la Fonction publique du Canada

TO BE COMPLETED BY THE EMPLOYEE. All fields must be completed.
Completed, ORIGINAL form must be sent to the Association of McGill University Support Employees (AMUSE-PSAC) before the employee begins their first shift of work. See address below.

CONTACT INFORMATION:

First name: _____ Last name: _____

Address: _____

Postal Code: _____ Phone number: _____

Email Address: _____

WORK INFORMATION:

Job Title: _____

Faculty/Unit/Department (related to your job): _____

Office location (building and room #) _____

Hours of work (check one): Full time _____ Part time _____

Are you replacing another employee on leave (Yes/No)? _____

Contract length: from _____ to _____

Are you also a student at McGill? (Yes/No) _____

I, the undersigned, freely give my adhesion to the Public Service Alliance of Canada/AMUSE. I will respect the policies, rules and decisions of the association.

Signature: _____ **Date:** _____

Original: Union

Please send all Union Membership Forms to the Association of McGill University Support Employees at:

515 ave des Pins Ouest
Room #224
Montreal, QC H2W 1S4