

I hereby apply for Membership in the **West Vancouver Municipal Employees' Association** ("the Association). In applying for a membership, I understand that the Association is certified as my exclusive bargaining agent and to represent me in collective bargaining. If accepted, I agree that I will abide by the provisions of the Constitution of the Association and further, agree to conform to the rules and By-laws of the Association.

On occasion, the Association may publish members' names (i.e. welcome new member, birth announcements, retirement, etc.) Such publication will be limited and for Association purposes only.

Do not publish my name or personal information for any reason.

Full Name					
Age Date of Birth	l	(Day / M	onth / Year)		F
Classification			Dept		
EmployerLibrary, Municipality	/, Police, Scho	F/T/ /////////// ool	₩₩P/T <i>₩</i> ₩₩₩₩Ca	sual/ //////// Temp	
Address(Apt No.)		(Street)			
(City)		ÁÁÁ(Province)		(Postal Co	
Personal Email Address					
Home Telephone #					
Date	Signa	ature			
Name of Employee:					
Effectivean my wages and pay to the WE amounts following:		•	•	•	•
Initiation Fee:	\$50.00	(as set in acco	rdance with Ass	ociation By-Laws)	
Dues per Month:	1.5 %	(% of gross ea	rnings as set ou	t in By-Laws)	
I further authorize you to dedudues or assessments as may Association or any arrears that	be agreed u	pon from time t	o time at any reg	gularly constituted m	neeting of the said
Date	Si	gnature			