

Local Information Update



Local No: _____

Date: _____

Name of Employer: _____

Sector and Sub-sector

Education <input type="checkbox"/>	Health Care <input type="checkbox"/>	Municipal <input type="checkbox"/>	Social Services <input type="checkbox"/>	University <input type="checkbox"/>	Airlines <input type="checkbox"/>
Education Assistants <input type="checkbox"/>	Ambulance <input type="checkbox"/>	Ambulance <input type="checkbox"/>	A.C.L. <input type="checkbox"/>	Tech/Trades Custodial <input type="checkbox"/>	Flight Attendants <input type="checkbox"/>
Custodial/Maintenance <input type="checkbox"/>	CCAC Homecare <input type="checkbox"/>	Library <input type="checkbox"/>	C.A.S. <input type="checkbox"/>	Food Service/Contract <input type="checkbox"/>	Other <input type="checkbox"/>
Office/Clerical/Technical <input type="checkbox"/>	Hospital <input type="checkbox"/>	Electrical Utility <input type="checkbox"/>	Child Care <input type="checkbox"/>	Academic <input type="checkbox"/>	
E.S.L. & Heritage Instructors <input type="checkbox"/>	Long Term Care <input type="checkbox"/>	Inside <input type="checkbox"/>	Community Agency <input type="checkbox"/>	Student Services Union Council <input type="checkbox"/>	
	Public Health <input type="checkbox"/>	Outside <input type="checkbox"/>	Municipal Social Services <input type="checkbox"/>	Library <input type="checkbox"/>	
		Public Health <input type="checkbox"/>	W.S.I.B. <input type="checkbox"/>	Office/Clerical/Technical <input type="checkbox"/>	
		Public Transit <input type="checkbox"/>			

No. of Members: Full-Time Part-Time Quarter-Time

How do you want to receive information? Electronically Canada Post
(Please designate mailing address below)

PRESIDENT: _____

HOME ADDRESS: _____
 _____ postal code

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

SECRETARY: _____

HOME ADDRESS: _____
 _____ postal code

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

TREASURER: _____

HOME ADDRESS: _____
 _____ postal code

Home Phone : _____ Work Phone: _____

Email: _____ Cell Phone: _____

Mark if you prefer all correspondence to go to Local Address

LOCAL UNION: _____

ADDRESS: _____
 _____ postal code

Local Union Phone: _____ Local Fax: _____

Local Email: _____