



## Get active with CUPE Ontario!

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Please **PRINT** all information

First Name:	Last Name:
Sector (circle one): Airlines Health Care Municipal School Boards Social Services Universities	
Local #:	Workplace:
Do you hold a Local Position? (circle one): President Vice-President Treasurer Recording-Secretary Steward If you hold another position, please indicate:	
Home Address:	
City:	Postal Code:
Personal E-mail:	
Home Phone: ( )	Work Phone: ( )
Cell Phone: ( )	
Are you on <b>Facebook</b> ? Facebook name or e-mail:	Are you on <b>Twitter</b> ? Twitter username:
<b>*Would you like that we contact you regarding campaigns relevant to your local/area/sector via text messaging?</b> <input type="checkbox"/>	