LEVY FORM Please return this form with your cheque. CUPE Local #:		
Number of C.A.S. V	Vorkers: F/T - P/T -	
Number of DS Wor	kers: F/T - P/T -	
	al Social Service Workers OR s: F/T - P/T -	
Number of Commu F/T - P/T -	nity Agency Workers:	
Number of Child Ca F/T - P/T -	are Workers:	
FOTAL SOCIAL SER	VICE MEMBERS:	
TOTAL MEMBERSHIP X \$2.00 = SOCIAL SERVICE VOLUNTARY LEVY ENCLOSED		\$
	eque payable to: CUPE Ontario – Socia e registration cheques should be written s	
Mail to:	Uliana Siniavskaia, CUPE Region 80 Commerce Valley Drive Eas Markham, Ontario L3T 0B2	