

APPENDIX B – UNION MEMBERSHIP FORM



www.amusemcgill.ca

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: 3641 University, Suite 201, Montreal, Quebec, H3A 2B3

For the duration of COVID-19, please send forms via email to internal.amuse@gmail.com. Emailed documents must include an original e-signature. Scanned documents will not be accepted.