



CONFIDENTIAL APPLICATION FOR UNW MEMBERSHIP



I hereby make application to join the Union of Northern Workers, the Public Service Alliance of Canada, and such other PSAC Component Union to whose jurisdiction I may eventually be assigned.

The following information is confidential and will only be used in the interests of the member concerned

I have been a UNW member before ☐ YES ☐ NO ☐ UNSURE

If **YES**, do you need a new card? ☐ Yes

Office use only: _____

Last Name:			First Name(s):		
Mailing Address:					
Community:			Terr/Prov:		Postal Code:
Work Phone:			Cell phone:		
Home Phone:			Personal email address:		

NOTE: the UNW cannot send union communications to work/employer email addresses

I identify my gender as:				
UNW Local Number:			Social Insurance Number:	
Date Hired:			Term Ends (term employees only):	
	DD/MM/YY			DD/MM/YY

Employer:			
Department:		Work Site:	

Employment Status: ☐ Casual ☐ Indeterminate (F/T or P/T) ☐ Term ☐ Seasonal ☐ Relief

Applicant Signature

Date

Equity Member Self Identification (VOLUNTARY)

The information requested below is **strictly voluntary** and will only be used to identify you as an Equity Group member for the purpose of confirming your eligibility for UNW/PSAC Equity related conferences, programs, communications, and Equity Vice President elections. This information will NOT be shared with employers, or other UNW members.

I identify as:
Please check all that apply

- ☐ Indigenous (First Nations, Inuit, or Métis)
- ☐ Racialized
- ☐ A person with a disability
- ☐ 2SLGBTQIPA+

Visual Impairment/Language Proficiency Declaration

I, _____, have read the contents of this form to the applicant, they have clearly communicated their understanding of the content and purpose of the form, and made their signature or mark in my presence.

Reader Signature

Date

SEND COMPLETED FORM TO:

MAIL: Suite 400 – 4910 53 Street, Yellowknife NT, X1A 1V2 | **FAX:** 867-920-4448 | **EMAIL:** mem@unw.ca

Visit www.unw.ca to learn more about membership in your union!