



Membership Form

LAST NAME AT BIRTH		FIRST NAME	EMPLOYEE NUMBER	
HOME ADDRESS		CITY	POSTAL CODE	
TELEPHONE		E-MAIL ADDRESS		
OCCUPATION		YEAR	DATE OF ENTRY MONTH	DAY
EMPLOYMENT STATUS: <input type="checkbox"/> RÉGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CHAPTER 10	SERVICE OR REGION	OFFICE OR SCHOOL		

I, the undersigned, accept to become a member of the Association professionnelle du personnel administratif (CSN). I agree to comply with the statuts, regulations and decisions of the Association.

The APPA statuts and regulations stipulate that once hired, an initial membership fee of ten dollars (\$10,00) is deducted from the first pay period issued by the English Montreal School Board. If the net amount is less than two hundred dollars (\$200,00), the initial membership fee is deducted by two dollars (\$2,00) per pay period until the total amount (\$10,00) has been deducted.

I authorize the APPA to forward union information to my e-mail address.



SIGNATURE OF SALARIED EMPLOYEE	DATE
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ORIGINAL TO BE FORWARDED TO THE APPA