



# 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  
If yes, do you need a card reprinted?  Yes

Office Use Only

Last Name:		First Name & Initial	
Mailing Address:			
City/Town		Postal Code	
Work Phone		Cell Phone	
Home Phone		Personal Email Address	

I identify my gender as:

My Local #  Social Insurance Number:

Date Hired		Term Ends (Term Employees Only)	
	DD /MM / YR		DD /MM / YR
Employer:			
Department:		Work Site:	
Employment Status:	<input type="checkbox"/> Casual <input type="checkbox"/> Permanent (F/T or P/T) <input type="checkbox"/> Term <input type="checkbox"/> Seasonal <input type="checkbox"/> Relief		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Voluntary Self Identification Form

The information requested below is strictly voluntary and will not be shared with any other organization, with the possible exception of the Public Service Alliance of Canada. This information will only be used to identify you as an Equity Group member.

Are you an Aboriginal/Inuit/Metis person?  Yes  No

Are you racially visible?  Yes  No

Are you a person with a disability?  Yes  No

Are you gay or lesbian, bisexual or transgendered?  Yes  No

### Visual Impaired/Illiterate Declaration

As the applicant is visually impaired/illiterate, this application was read to him/her in my presence, he/she clearly indicated their understanding, and made his/her signature or mark in my presence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed form to **UNW Headquarters**

Suite 400, 4910- 53 Street Yellowknife, NT X1A 1V2

or Fax to (867) 920-4448

or email [mem@unw.ca](mailto:mem@unw.ca)

Be sure to visit our website at [www.unw.ca](http://www.unw.ca)