



APPLICATION FOR LIFE MEMBERSHIP

(Bylaws & Working Rules – Article IX)

Phone: (780) 452-7080 Fax: (780) 452-1291

www.local488.ca

INCOMPLETE FORMS WILL NOT BE PROCESSED – PLEASE PRINT CLEARLY

MEMBER'S INFORMATION	MEMBER'S NAME		SIN		
	ADDRESS				
	CITY		PROVINCE	POSTAL CODE	
	HOME NUMBER ()		CELL NUMBER ()		
	DATE OF BIRTH		MONTH	DAY	YEAR
BENEFICIARY INFORMATION	BENEFICIARY'S NAME				
	ADDRESS				
	CITY		PROVINCE	POSTAL CODE	
	RELATIONSHIP TO BENEFICIARY				

RULES REGARDING APPLICATION – PLEASE REVIEW

I UNDERSTAND THAT BY MAKING THIS APPLICATION, THAT...

- MY DUES MUST BE CURRENT INCLUDING THE MONTH OF THE GENERAL MEMBERSHIP MEETING BEFORE MY APPLICATION WILL BE SUBMITTED FOR APPROVAL
- MY NAME WILL BE TAKEN OFF THE 'OUT-OF-WORK BOARD'. SHOULD I WANT MY NAME ON THE OUT-OF-WORK LIST, FULL DUES WOULD BE PAYABLE AND MY NAME WOULD GO TO THE BOTTOM OF THE LIST.
- THE MINIMUM MONTHLY DUES FOR LIFE MEMBERS WITH **UNDER 40 YEARS** OF CONSECUTIVE SERVICE WITHIN THE UA IS **\$20.00 PER MONTH**. MEMBERS WITH **40 YEARS AND OVER** CONSECUTIVE YEARS OF SERVICE WITHIN THE UA ARE **\$10.00 PER MONTH**.

X _____
MEMBER'S SIGNATURE

DATE

OFFICE USE ONLY	DATE OF INITIATION	DATE OF GOOD STANDING
	MEMBER'S DUES PAID TO	APPLICATION APPROVED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	REASON APPLICATION WAS DENIED	

X _____
FINANCIAL SECRETARY'S SIGNATURE

DATE

DATE RECEIVED

DATE APPROVED
