



"GET ACTIVE ON A COMMITTEE"
APPLICATION FORM

Committee(s) Preferred: 1st Choice: _____

2nd Choice _____

Unit / Affiliate: _____

My Unit / Affiliate is aware of my interest in this committee and this application

☐ Yes ☐ No

Name _____

(Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐)

(First Name)

(Initial)

(Last Name)

Member Mailing Address: _____

Postal Code: _____

Telephone number: _____ Fax number: _____

E-mail Address: _____

Why do you want to sit on the above committee(s) _____

Date: _____

Return to CUPE Local 500

Attention: Karen Byzuk

702 – 275 Broadway

Winnipeg, Mb. R3C 4M6

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