



P.E.I. Union of Public Sector Employees
4 Enman Crescent, Charlottetown, P.E.I. C1E 1E6
MEMBERSHIP REGISTRATION CARD

Local _____

I Mr. / Mrs. _____
Surname Given Name (s)

Birth Date _____ Home Phone _____
Day Month Year

Home Address: _____
Box No. or Street City, Town, Village Postal Code

Employer: _____ Work Address: _____

Business Phone: _____ Email: _____

Job Status: Probationary Permanent Temporary Casual
 Full-time Part Time

Classification and Pay Level: _____ Working Title: _____

Date Employment Commenced: _____
Day Month Year

I hereby apply for membership in the Union of Public Sector Employees and authorize the Union to represent me in consultation and negotiations with my employer. I further authorize my employer to deduct from my pay on a per pay basic and to pay to the union of public Sector Employees the dues as may be established at a general meeting of the Union.

Signature: _____ Date: _____

Are you willing to receive all communications from UPSE electronically? Yes No