CANADIAN UNION OF PUBLIC EMPLOYEES
Local 30

APPLICATION FOR SHOP STEWARD

We, the undersigned, members of CUPE Local 30, for Employer/Department/Branch _____, hereby elect _____, Payroll # _____, as our Shop Steward.

Shop Stewards Supervisor and Location: Supervisor name: _____ Location: _____

Home Address of Shop Steward: _____

City/Province:_____ Postal Code:_____

E-mail: _____ Work Phone #: _____

Home Phone #:_____ Cell Phone :_____

NAME	*SIGNATURE*	*PAYROLL NUMBER*